

STATES OF GUERNSEY
BOARD OF HEALTH

90TH ANNUAL REPORT
of the
MEDICAL OFFICER OF HEALTH
(CONSULTANT COMMUNITY PHYSICIAN)

REPORT FOR
THE YEAR 1988

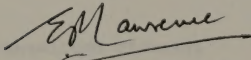
ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
(Consultant Community Physician) for 1988.

Lukis House
Grange
St Peter Port
Guernsey

28th November 1989

Sir,
I have the honour to present to you the Annual Report of the
Medical Officer of Health for 1988.

I have the honour to be, Sir
Your obedient servant



E.P. Lawrence, M.A., M.B., B.Ch.,
F.F.C.M., D.P.H., D.T.M & H.

Medical Officer of Health/
Consultant Community Physician.

The President
Board of Health
Guernsey

ANNUAL REPORT OF THE MEDICAL OFFICER IN CHARGE
OF THE ARMY MEDICAL SERVICE FOR 1945

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MEMBERS OF THE BOARD OF HEALTH

Conseiller J.R.R. Henry., President
Deputy Rev A.W. Ingrouille, Vice President
Deputy Mrs. B.E. Nicolle - (to 31st March 1988)
Deputy R.E. Dorey - (to 31st March 1988)
Deputy P. Roffey
Deputy Mrs. S. Plant
Deputy N. Robilliard - (from 1st May 1988)
Deputy B. Russell - (from 1st May 1988)
G.F. Birch Esq.,
Dr. M. Chamberlain, M.R.C.P.,
Dr. F. Degnen, M.R.C.P., - (to 30th April 1988)
Dr. P. Riley, M.R.C.P., - (from 1st May 1988)

INTRODUCTORY LETTER TO THE BOARD OF HEALTH

Mr President, Ladies and Gentlemen,

Perhaps the most important single new development this year in the Islands' prevention strategy has been to set up a Health Promotion Unit.

Once established, there was a rapid increase in demands for help, which underlined how big a gap there was previously. Already this pressure is severely stretching current resources, so that the next major problem is to keep up the momentum by ensuring sufficient staffing and funding for Health Promotion. This is the best option for making any impact on the two major causes of premature illness and death in Guernsey - ischaemic heart disease and lung cancer. A full account of the first year's work will be found on pages 35 - 41.

In the meantime, financial and political measures that would make healthy choices easier choices are distinctly unpopular.

The relative price of alcohol continues to fall, unlike the cost of non alcoholic drinks, and the sale, marketing and sponsorship of cigarettes remains unrestricted. Another 100 tonnes of cigarettes were marketed in Guernsey in 1988, and another 150 young folk left school having acquired the unhelpful habit of smoking, either from their peers or by adopting their parent's habits. Nicotine is a powerful and dangerous drug which causes habituation, much illness and premature mortality; the majority of smokers who took part in the "Your Health" survey in May wanted to give up the habit.

Changing habits is a slow business, and the benefits will take a long time to show. However, there have been some useful changes: well over half the population have changed their diet in the last three years, towards more healthy eating. Health Promotion is a long term investment: it will not prevent the present crises in providing health care.

Escalating costs, and the demand for ever more advanced technology which needs ever more professional staff, with full administrative support, is a very real constraint on health services. Against a background of the widespread shortage of professionals, such as nurses, and the local problems with housing, the immediate future does indeed look bleak.

It is very hard to accept the idea that it may be better to put more money and staff into prevention now rather than in the future: tomorrow may be too late. Guernsey has a good basis for preventing ill health - but it must now be expanded - fast - if there is to be a reasonable chance of this policy succeeding.

This proposal has to be supported by facts and figures, and so far our measures of outcome are relatively limited. The annual report of the Medical Officer of Health is largely a description of the process of prevention, but outcomes are there as well - the death rates at various ages and from various causes, compared over the years, both locally and with the neighbouring UK.

Counting deaths is a good proxy for serious acute illness but will not show the burden of chronic diseases. A much more sophisticated system, needing both computing and staff time and the collaboration of all the Island's doctors, is needed to measure the amount of chronic and non fatal illness in Guernsey. Such a system is essential in order to judge the effectiveness of prevention and the best methods of treatment. This is why it is vital to improve the routine collection of facts about the population's illnesses as well as deaths.

In the following pages, some of the changes and improvements that have been made in 1988 are described. The Environmental Health Department and the Health Promotion Unit are now far more adequately housed in Rosaire Avenue.

The "Your Health" survey of lifestyles in Guernsey (pages 42 - 43) has provided a baseline against which changes can be measured.

The School Health Service is now the responsibility of the Board of Health, so that one authority is responsible for the organisation of a comprehensive preventive health service for all children regardless of age and whether or not they attend school.

In the field of Community Nursing, the emphasis on additional staff training and development is paying off as professional expertise diversifies to meet the needs of today. Team work in the setting of general practice is now firmly established.

There have been changes in immunisation policy. A new combined vaccine, MMR, to protect against the three childhood diseases of measles, mumps and rubella, rather than measles alone, was introduced in October. The uptake is increasing but at the end of the year about $\frac{1}{3}$ of the under 5 population remained susceptible to measles. This is partly because some Guernsey doctors in the past were not fully convinced of the value of vaccination against this disease. The majority of doctors now favour this measure, which is necessary in order to eradicate these diseases. The mass vaccination of school children against tuberculosis has been phased out and BCG vaccine will now be used in a far more selective manner.

There has been a good response by health staff to the offer of vaccination against type B Hepatitis, even though the risk from the disease is small, is declining, and is less than on the mainland.

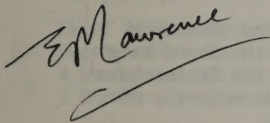
The Environmental Health Department continues to struggle in balancing the demand for the crisis management of complaints against time for routine preventive work. The latter activity confers the greater long term benefit, but this is not how the public perceive their personal environmental problems. An increasing difficulty is the discrepancy between UK law and Guernsey law. One of the hazards of Guernsey's sturdy independence is that the Island's laws have to become increasingly complex if they are to be used effectively in controlling new environmental problems. Redrafting public health legislation is a major exercise, but a start has been made, in collaboration with Jersey, in defining problems amenable to legislative control. The Environmental Health Department is drafting proposals to control environmental pollution in Guernsey, with the objective of working to the same standards as those in the UK and Europe.

Infectious diseases have not posed any problems this year, but there is always a risk that a small number of cases engenders false confidence in the effectiveness of preventive measures, and results in the relaxation of sensible precautions.

Never was this more true than in the prevention of AIDS. The long latency and slow progression of this infection is particularly dangerous. Just because known cases on the Island are so few, the myth is perpetuated that all is well and there is no need to change sexual behaviour. This complacency could be lethal. We have got a problem, it is going to get worse, and it is not going to go away. This must be faced, not pushed under the carpet.

Finally I should like to take this opportunity to thank all the staff who have continued to help the Community Health Department work towards a more effective preventive health service, and to thank the Board for their continuing interest and support.

Yours faithfully

A handwritten signature in dark ink, appearing to read 'E.P. Lawrence', with a long, sweeping horizontal stroke underneath.

E.P. Lawrence,
Medical Officer of Health (Consultant Community Physician)

HISTORICAL BACKGROUND

The administrative area is in the Bailiwick of Guernsey, which comprises the islands of Guernsey, Alderney, Sark, Herm and Jethou. Guernsey is the largest of these and the most westerly of all the Channel Islands: Alderney is the most northerly and but nine miles from the coast of France. Sark, Herm and Jethou lie between Guernsey and that section of the coast of France which contains the Bay of Avranches. Alderney and Sark each have their own Parliament, the States of Alderney and the Sark Chief Pleas.

The Community Health Department functions as a responsibility of the Board of Health. The Board is a standing committee of the States of Guernsey, deriving its powers from Guernsey legislation and carrying out resolutions made by the States, to whom it is responsible. Health care in the Bailiwick is outside the United Kingdom National Health Service, but there is a reciprocal health agreement with the United Kingdom to obtain specialised medical care which is not locally available. This independence from the central government of the United Kingdom is what the stranger to the Channel Islands finds most difficult to understand. Nevertheless it is so and some 900 years of self government since William Duke of Normandy, gained the English Crown are sufficient proof of this.

70 years ago...

From the Annual Report of the MOH (Dr. Draper Bishop, MOH 1902 - 1934) for 1919:

" There are many critics who blame the Board of Health for the existing state of things, but when the Board have on many occasions sought increased powers, the States have not granted them, and it is evident that the majority of people prefer things to remain as they are.

The critics therefore must endeavour to so influence public opinion that the majority will be in favour of a more active policy as regards the public health.

Until they are able to do this, progress in this direction must of necessity be slow"

To para phrase Dr Draper Bishop's views, which are just as relevant today in relation to the promotion of health, progress requires both the commitment of the Board of Health and the public will to accept change.

COMMUNITY HEALTH DEPARTMENT : STAFF

The Community Health Department consists of independent but interdependent sections, managed by a team consisting of the Consultant Community Physician/Medical Officer of Health, The Director of Community Nursing, The Chief Environmental Health Officer and the Administrator, Community Services.

MEDICAL STAFF

Consultant Community Physician/Medical Officer of Health
Senior Clinical Medical Officer
4 Part-time sessional doctors working in Occupational Health,
Child Health and Venereology services.

NURSING STAFF

Director of Community Nursing

Nursing establishment in whole time equivalents:-

Health Visitors	8.8
Community Nursing Sisters	15.1
Staff Nurses	8.5
Enrolled Nurses	9.1
School Nurses	2.6
Nursing Auxiliaries	6.1

ALDERNEY

Health Visitor / Community Nurse 1.0

ENVIRONMENTAL HEALTH STAFF

Chief Environmental Health Officer
Deputy Chief Environmental Health Officer
4 Environmental Health Officers
2 Rodent Operatives

HEALTH PROMOTION STAFF

Health Promotion Officer
Assistant Health Promotion Officer

CLERICAL AND ADMINISTRATIVE STAFF

Administrator (Community Services)*
Executive Assistant to Consultant Community Physician
Office Manager
Clerks, typist - 5½ whole time equivalents

* This is not a whole time post

COMMUNITY HEALTH DEPARTMENT - FINANCE 1988

(The figures for 1987 are shown in brackets)

	<u>1988</u>		<u>1987</u>
Analyst Fees	502	CR	(193) CR
Cleaning, Fuel, Light, Water and Rent	8,633		(7,336)
Furniture and Equipment	17,681		(10,021)
Home Dialysis	22,686		(19,363)
Infectious Disease -			
Doctors Fees	33,615		(8,432)
Drugs and Vaccines	<u>14,790</u>		<u>(10,432)</u>
	48,405		(18,864)
Less Recoveries	<u>5,362</u>	43,043	<u>(4,927)</u> (13,937)
Postage, Stationery and Telephones	17,931		(13,943)
Rodent and Pest Control Materials	2,574		(2,252)
Salaries and Wages	945,867		(778,054)
Special Treatment Clinic	4,837		(4,713)
Superannuation	81,701		(64,767)
Travelling Expenses	70,502		(73,467)
Uniforms	2,023		(1,839)
Upkeep and Repairs	60,572		(44,130)
Welfare Foods	2,729		(5,908)
Less Recoveries	<u>3,051</u>	322 CR	<u>(5,546)</u> (362)
Welfare, etc. Clinics—Hospitality	309		(334)
Other Expenses	11,519		(8,044)
	<u>1,289, 054</u>		<u>(1,042,369)</u>
Less Recoveries from Education Council	85,800	CR	(75,360)
	<u>1,203,254</u>		<u>(967,009)</u>

VITAL STATISTICS - 1988 - GUERNSEY

Table 1:1	1988	1987
Estimated mid year resident population.....	55,482	55,482
Population density per acre (area 16,063 acres).....	3.45	3.45
Live Births.....	680	644
Live birth rate per 1,000 population.....	12.3	11.6
Illegitimate births.....	149	118
Illegitimate birth rate per 1,000 live births.....	219.2	182.9
Stillbirths.....	3	4
Stillbirth rate per 1,000 total births (live and still)....	4.4	6.2
Marriages.....	445	447
Marriage rate - persons marrying per 1,000 population.....	16.0	15.9
Divorces.....	165	153
Divorce rate - persons divorcing per 1,000 population.....	5.9	5.5
Deaths.....	589	577
Death rate per 1,000 population.....	10.6	10.4
Corrected death rate (comparability factor 0.91).....	9.6	9.5
Infant deaths - (in first year of life).....	5	4
Infant death rate per 1,000 live births.....	7.4	6.2
Neonatal deaths - (in first four weeks of life).....	3	3
Neonatal mortality rate per 1,000 live births.....	4.4	4.7
Early neonatal deaths -(in first week of life).....	3	2
Early neonatal mortality rate per 1,000 live births.....	4.4	3.0
Perinatal deaths -(stillbirths and early neonatal deaths)....	6	6
Perinatal mortality rate per 1,000 total births (live and still)	8.8	9.3
Maternal deaths.....	0	0
Deaths from cancer, all forms.....	168	133
Cancer mortality rate per 1,000 population.....	3.0	2.4
Cancer of trachea, bronchus and lung (ICD 162).....	39	27
Lung cancer mortality rate per million population.....	703	486
Lung cancer deaths per 100 deaths from all cancer.....	23.2	20.3
Deaths due to tuberculosis, all forms.....	0	0

(These figures are for the Island of Guernsey only)

Table 1:2

	GUERNSEY					England and Wales Provisional figures 1988
	1988 No.	Rate	Rates: 5 year range 1983 - 1987			
			Mean of 5 years	Highest in 5 years	Lowest in 5 years	
Estimated mid-year resident population	55,482	-	-	-	-	50,393,300
Live births (rate per 1,000 population)	680	12.3	11.9	12.5	11.2	13.8
Stillbirths (rate per 1,000 total live & still)	3	4.4	6.8	10.8	5.0	4.9
Illegitimate live births (rate per 1,000 live births)	149	219.2	157.2	182.9	140.9	256
Marriages (rate, persons marrying per 1,000 population)	445	16.0	15.4	16.7	13.7	11.7
Deaths: resident population (rate per 1,000 population)	589	10.6	11.2	12.4	10.4	11.3
Deaths from cancer, all forms (rate per 1,000 population)	168	3.0	2.8	3.2	2.4	2.9
Lung cancer deaths (rate per 100 cancer deaths, all forms)	39	23.2	25.7	30.2	20.3	24.5
Infant deaths, (rate per 1,000 live births)	5	7.4	6.6	10.1	3.0	9.0
Neonatal deaths (rate per 1,000 live births)	3	4.4	4.7	6.7	1.5	4.9
Early neonatal deaths (rate per 1,000 live births)	3	4.4	3.8	6.7	1.5	3.9
Perinatal deaths (rate per 1,000 total births-live and still)	6	8.8	10.6	15.4	7.4	9.1
Maternal deaths (rate per 1,000 total births- live and still)	0	0	0	0	0	0
Deaths due to tuberculosis, all forms (rate per 1,000 population)	0	0	0.09	0.02	0	0.01

Table 1:3

GURESKI

Population, Live Births and Live Birth Rate, Deaths, Crude Death Rate
Infant Deaths and Infant Death Rates, 1961-1988 inclusive

Year	Resident Population +	Live Births	Birth Rate	Crude		Infant Deaths	Infant Death Rate ##
				Deaths	Death Rate*		
1961	44,012	757	17.2	569	12.9	16	21.1
1962	44,705	797	17.8	569	12.7	15	18.8
1963	45,395	842	18.6	542	11.9	24	28.5
1964	46,085	891	19.3	540	11.7	19	21.3
1965	46,775	816	17.5	568	12.1	16	19.6
1966	47,465	780	16.4	564	11.9	13	16.7
1967	48,160	741	15.4	546	11.3	21	28.3
1968	48,840	752	15.4	656	13.4	16	21.3
1969	49,540	830	16.8	643	13.0	14	16.9
1970	50,230	794	15.8	616	12.3	13	16.4
1971	50,921	768	15.1	646	12.7	10	13.0
1972	51,465	790	15.4	576	11.2	14	17.7
1973	52,005	653	12.6	595	11.4	12	18.4
1974	52,550	679	12.9	610	11.6	9	13.3
1975	53,095	611	11.5	634	11.9	9	14.7
1976	53,637	623	11.6	606	11.3	9	14.5
1977	54,270	587	10.8	617	11.4	5	8.5
1978	54,320	582	10.7	567	10.4	9	15.5
1979	54,570	646	11.8	601	11.0	8	12.4
1980	53,390	622	11.7	571	10.7	8	12.9
1981	53,313	619	11.6	595	11.2	11	17.8
1982	53,300	589	11.1	630	11.8	6	10.2
1983	53,300	660	12.4	661	12.4	5	7.6
1984	53,300	596	11.2	581	10.7	6	10.1
1985	53,300	642	12.0	608	11.4	4	6.2
1986	55,482	671	12.1	614	11.1	2	3.0
1987	55,482	644	11.6	577	10.4	4	6.2
1988	55,482	680	12.3	589	10.6	5	7.4

+ Estimated mid-year population * Rates per 1000 population ~~##~~ Infant death rate per 1000 live births

Table 1:4

POPULATION ESTIMATES - 1961 - 1988

GUERNSEY (Including Herm and Jethou)

Estimated populations are based on the information available from previous censuses taken together. The working has been explained in the MOH's Annual Reports for 1978 and 1979, to which reference should be made for detail.

The effect of immigration is an elusive factor to quantify and is not shown.

In addition, there are about 10,000 tourist beds available in the Island.

YEAR	POPULATION	MALE	FEMALE	BIRTHS	DEATHS	NATURAL INCREASE
1961 C	44,012	21,172	22,840	757	569	188
1962	44,705	21,505	23,200	797	569	228
1963	43,395	21,835	23,500	842	542	300
1964	46,085	22,165	22,165	891	540	351
1965	46,775	22,500	24,275	861	568	248
1966	47,465	22,830	24,635	780	564	216
1967	48,160	23,165	24,995	741	546	195
1968	48,840	23,490	25,350	752	656	96
1969	49,540	23,830	25,710	830	643	187
1970	50,230	24,160	26,070	794	616	178
1971 C	50,921	24,493	26,428	766	646	120
1972	51,465	24,755	26,710	790	576	214
1973	52,005	25,040	26,965	652	595	57
1974	52,550	25,330	27,220	679	610	69
1975	53,095	25,620	27,475	611	634	-23
1976 C	53,637	25,909	27,728	623	606	17
1977	54,270	26,210	28,060	587	617	-30
1978	54,320	26,235	28,085	582	567	15
1979	54,570	26,357	28,213	646	601	45
1980	53,390	25,740	27,650	622	571	51
1981 C	53,313	25,701	27,612	619	595	27
1982	53,300	25,720	27,580	589	630	-41
1983	53,300	25,720	27,580	660	661	-1
1984	53,300	25,720	27,580	596	581	15
1985	53,300	25,720	27,580	642	608	34
1986 C	55,482	26,859	28,623	671	614	57
1987	55,482	26,859	28,623	644	577	67
1988	55,482	26,859	28,623	680	589	91

C Census Year

CENSUS POPULATIONS 1821 to 1986

Table 1:5

GUERNSEY		ALDERNEY	SARK	HERM	JETHOU	BAILIWICK	
1821	20,302	1,154	488	28	9	21,981	
1861	29,804	4,932	583	41	5	35,365	
1911	41,823	2,561	579	33	2	44,998	
1961	44,968	1,472	561	90	8	47,099	
1971	51,351	1,686	590	96	11	53,734	
1981	53,268	2,086	N/K	37	8	56,000	(Est)
1986	55,482	2,130	N/K	59	2	58,200	(Est)

Table 1:6

GUERNSEY : SOME COMPARISONS OF AVERAGE AGE AT DEATH

	<u>1974</u>	<u>1979</u>	<u>1983</u>	<u>1984</u>	<u>1985</u>	<u>1986</u>	<u>1987</u>	<u>1988</u>
FEMALE DEATHS								
Guernsey	76.9	76.3	78.4	77.1	76.6	76.9	77.4	77.2
Jersey (mid 5 year average)	75	76	76	75	76	75	75	78
U.K.	74	75	75.2	75.5	75	77.7	78	78
MALE DEATHS								
Guernsey	66.3	68.9	71.5	71.1	71.5	71.6	71.5	70.6
Jersey (mid 5 year average)	68	68	70	71	70	69	70	71
U.K.	67.7	68.8	69.6	69.5	73.3	71.8	72	72
DIFFERENCE BETWEEN MALES AND FEMALES, IN YEARS								
Guernsey	10.6	7.4	6.9	6	5.1	5.3	5.9	6.6
Jersey	7	8	6	4	6	6	5	7
U.K.	6.3	6.2	5.6	6	1.7	5.9	6	6

Longevity is a sound basic measure of a population's health, especially when one remembers that in the UK in 1840 the average age at death was 40 years, that a hundred years later, in 1940, it was 60 years and that some countries have now reached an average age of 80 for women and 75 for men (Iceland, Japan and Andorra for example). Guernsey still has some way to go as far as quantity is concerned, but improving the quality of life after 70 needs much more emphasis.

PREVENTIVE CHILD HEALTH

The aim of this service is to promote the health of children and to minimise disability, in the belief that a healthy child has a better chance of growing into a healthy adult. At the end of the year it was agreed that the Board of Health should be responsible for a single preventive Child Health Service, rather than the previous arrangement which divided responsibility between the Education Council and the Board of Health, depending on the age of the child.

Four main approaches are used - Systematic screening for abnormalities, education about healthy living, advice on how best to use the health services and protection from specific illnesses by immunisation.

Success depends on good team work, involving family doctors, health visitors, school nurses and the Senior Clinical Medical Officer, working in collaboration with parents.

The agreed schedule of procedures is given below to indicate how different members of the team work together. The preventive programme is carried out in the home, in surgeries, in Child Health clinics, at Lukis House and in schools.

SCREENING: It is now generally accepted that most physical abnormalities are detected in the first year of life. Thereafter, the important points to watch are the development of walking and speech, and of the special senses of sight and hearing. Regular reviews of sight and hearing are the two most valuable screening measures needed after infancy. If the child is competently examined before the age of one year, little is to be gained by further full physical checks at frequent intervals. It is nevertheless vital that the service should respond promptly to an invitation to check a child whose development or behaviour does not seem normal. This combination of careful assessment in the first year of life, routine screening for defects thereafter, and response to referrals at any age is the current basic pattern of preventive child health services.

PREVENTION PROGRAMME:

PRE-SCHOOL

ANTE NATAL CARE: Health education and surveillance during the ante-natal period is shared between Health Visitors, Midwives and doctors.

THE PERINATAL PERIOD: Health Visitors take over their duties from the Midwives when a baby is 10 days old; they visit the mother, giving support and advice and encourage attendance at Child Health Clinics for screening and at doctors' surgeries for immunisation. The family doctor carries out a physical examination of the new born infant as part of routine perinatal care.

SIX WEEKS: This should be followed up with a second examination by a doctor at about six weeks of age. Health Visitors carry out periodic development checks throughout infancy as part of their surveillance during continued contacts with the family.

3 - 9 MONTHS

Routine primary immunisation against diphtheria, tetanus, whooping cough and polio should consist of three spaced doses of the vaccine at about 3, 5 and 9 months of age.

8 MONTHS:

Health Visitors carry out a developmental check on all babies at Lukis House. Hearing is tested by the distraction method. If progress is in doubt, the baby is referred to the Senior Clinical Medical Officer for an opinion. Health Visitors repeat developmental assessments in the home during the second year of life.

13 MONTHS:

Vaccination against measles, mumps and rubella by the family doctor is strongly recommended, using MMR vaccine.

3 YEARS:

Health Visitors carry out a developmental check including hearing and visual acuity and again refer problems to the Senior Clinical Medical Officer. The immune status is reviewed; parents are encouraged to finish incomplete programmes and in particular to accept MMR vaccination, if this has not been done. Parents are also encouraged to take their children to a Dentist for routine surveillance if they have not yet done so.

AT SCHOOL:

4 - 5 YEARS:

At school entry, every child has a routine physical examination by the school doctor; the sight and hearing are tested. The school nurse checks height and weight. Immunisation is reviewed with encouragement to accept boosters against diphtheria, tetanus and polio from the family doctor, and to accept MMR vaccination if this has not been done.

7 YEARS:

The sight of all seven year olds is checked

10 YEARS:

Hearing and vision, including colour vision, is tested. The school nurse checks height and weight.

11 YEARS:

Girls are vaccinated against German Measles if they have not had MMR vaccine.

15 YEARS:

Each individual's state of health is reviewed and those requiring physical examination are seen by the school doctor. Sight and hearing are checked. The school nurse checks height and weight. Girls who have missed Rubella vaccination are encouraged to have this done.

Health Visitors, school nurses and school doctors accept referrals from teachers or parents of any child of any age where there is concern about health or development. The action taken includes investigation of the problem, liaison with other professionals and in particular the family doctor, or referral for specialist help, as appropriate.

IMMUNISATION:

The routine immunisation of children against diphtheria started in 1938, when it was made compulsory in Guernsey. It is salutary to remember that in the years 1921 - 25 there were 967 cases of diphtheria recorded in the Island. Vaccination lapsed during the war years to be resumed in 1945.

Vaccination against tetanus was introduced in the fifties and against whooping cough in the sixties.

The use of Salk Polio vaccine was introduced in 1957 followed by the use of live oral vaccine (Sabin) in 1964.

Measles vaccine, although available from 1969 onwards, was not widely accepted in Guernsey until 1982. On October 1st 1988 a change of policy was made and MMR vaccine was introduced, to protect against mumps and rubella as well as measles. This is in line with policy on the mainland. Priority groups for vaccination in 1988 were infants in the second year of life and new school entrants. It is hoped to catch up on all unvaccinated children under school age during 1989.

Rubella vaccine for girls was used from 1972 onwards, and will continue to be used until the MMR vaccination campaign catches up with them.

Vaccination against infectious diseases is thus seen to have a long history in Guernsey, with the result that many of these diseases are now rareties. They will only remain rare provided the acceptance of routine childhood vaccination continues at a high level.

INFANT IMMUNISATION - GUERNSEY

The number of infants eligible for immunisation (at risk from the disease) for each year of the table is arrived at by deducting infant deaths and emigrants from births in that year and adding immigrant infants still requiring immunisation. "Protected" children are those who have had a complete primary course of immunisations, or who have started their course of injections in the last year.

Table 2:1

Year	Infant Population at risk by year of birth	PROTECTED AGAINST							
		Diphtheria and Tetanus		Whooping Cough		Polio		Measles or MMR	
		No	%	No	%	No	%	No	%
1979	633	616	97.3	384	55.0	-	-	-	-
1980	575	563	98.9	322	56.0	-	-	-	-
1981	590	548	92.9	378	64.0	400 [‡]	67.8	56	9.5
1982	592	442	80.7	401	73.1	378	58.6	162	23.9
1983	660	531	81.1	465	70.5	403	61.1	240	36.4
1984	609	528	86.7	468	76.8	436	71.6	308	50.6
1985	614	588	95.8	512	83.4	547	89.1	382	62.2
1986	721	667	92.5	602	83.5	667	92.5	533	73.9
1987	658	621	94.4	556	84.5	615	93.5	454	69.0
1988	702	556*	79.2	525*	74.8	558*	79.5	92*	13.1
1988	UK Averages:	86%		75%		86%		75%	

Number of children given MMR vaccine by year of birth:

Table 2:2

Year of Birth:	1985		1986		1987		1988	
No. and %		%		%		%		%
	142	23.1	202	28.0	288	43.8	84*	12.0

* These figures are incomplete. Infants born in the last quarter of 1988 are only just commencing immunisation by the years' end.

‡ Figures for protection against polio were not collected separately until 1981. It has always been routine practice to offer polio vaccine at the same time as Triple antigen, so the number of babies protected against polio is virtually the same as that for Diphtheria and Tetanus.

The figures support the view that a reasonably high proportion of infants are being protected against these diseases, though improvement is both possible and particularly necessary with respect to Whooping Cough and Measles. It is hoped that the added bonus of protection against mumps and rubella will encourage a good uptake of MMR vaccine, which has to reach at least 90% before there is a good chance of eradicating these three diseases.

The number of children protected against Whooping Cough are those who have had 3 doses of Triple Vaccine (DT Per/Vac).

Those protected against Diphtheria and Tetanus have either had a total of 3 doses of Triple Vaccine or DIPh/Tet Vaccine.

Table 2:3

IMMUNISATIONS GIVEN BY THE COMMUNITY HEALTH DEPARTMENT

	<u>1988</u>	<u>1987</u>	
B.C.G.	498	568] Routine vaccination of school children
Rubella	293	292	
Hepatitis B	298	-] Staff Health Service
Rabies	29	-	

In Guernsey, infant immunisation is given by the family doctors and paid for by the Board of Health.

B.C.G. and Rubella is administered through the School Medical Services and the detailed breakdown of statistics is given in a separate report of the School Medical Officer for each academic year.

Rubella vaccination started in 1972 and on average 95% of all 11 year old girls are vaccinated each year. It is hoped that this high uptake will continue until it superseded by the combined Measles, Mumps & Rubella (MMR) vaccination programme for infants. The last recorded case of deafness due to Rubella in Guernsey occurred in 1976.

B.C.G. vaccination started as a routine procedure in Guernsey in 1956 and the uptake has been over 95% for many years. Following a carefully considered review of the Islands' experience of tuberculosis it has been decided that the routine mass BCG vaccination of school children should be replaced in future by selective vaccination of those at special risk of tuberculosis, combined with meticulous surveillance of cases and contacts.

Rabies immunisation is offered only to volunteers among Customs Officers and certain Harbour staff. On average these staff have contact with 50 dogs and 25 cats every year in the course of their work and over 40 staff are now fully protected against rabies. Two doses of vaccine are given a month apart with a third dose a year later, followed by boosters every 3 years.

Travellers are encouraged to arrange their own protective immunisation with their own doctor, but advice about individual requirements is available from Lukis House.

BIRTHS IN 1988 AND DEATHS IN THE FIRST YEAR OF LIFE

There were 680 live births in 1988 and 3 stillbirths.

There were 5 deaths of infants under a year old, 3 of which occurred in the first four weeks of life (neonatal deaths); these three were early neonatal deaths, in the first week. The remaining two infants died from the sudden infant death syndrome.

Perinatal deaths are those deaths occurring before parturition and within one week afterwards, that is to say stillbirths and early neonatal deaths. There were six perinatal deaths in 1988, giving a perinatal death rate of 8.8 per 1,000 total births (live and still). These statistics compare favourably with those in England & Wales, and are about half the figures of ten years ago.

Statistics relating to births and infant deaths since 1930 are shown in Table 2.8. It must be remembered that when the number of deaths in a year reaches a very low figure, the death rates calculated from these figures may fluctuate widely from year to year. The neonatal death rate for example fluctuated from 1.5 to 11.3 in the last 10 years, but does not indicate a dramatic deterioration or improvement of services from one year to the next. Five year averages are a better indication of trends.

The proportion of small babies increased slightly from 4.6% to 5.7% of all births, and the number of teenage pregnancies has increased from 42 to 56: both are important factors affecting infant mortality.

The figures taken as a whole, are however a remarkable indication of the improvement in obstetric and perinatal care that has taken place over the past half century, and of the maintenance of a high standard of care.

It is salutary to remember that just over 50 years ago, in 1933, there were 9 maternal deaths, 30 stillbirths and 56 deaths of infants under 1 year of age, for a population three quarters of the present figure. The infant death rate was twenty six times greater than today.

COMPARISON OF DEATH RATES IN INFANCY

Fig 2:4

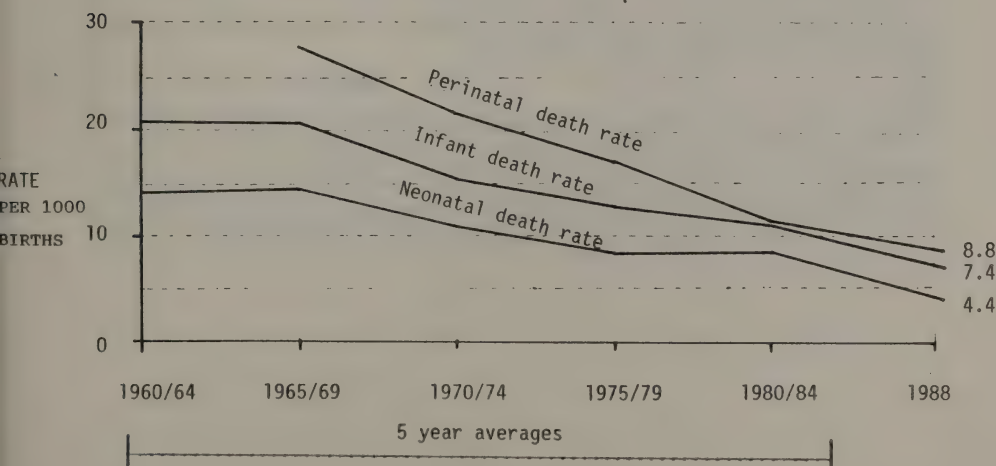


Table 2:5

TOTAL LIVE BIRTHS (BY AGE OF MOTHER)

<u>AGE GROUP</u>	<u>MALE</u>	<u>FEMALE</u>	<u>TOTAL</u>	<u>%</u>
15 - 19	27	29	56	8.3
20 - 24	78	72	150	22.0
25 - 29	139	124	263	39.0
30 - 34	70	69	139	20.1
35 +	37	35	72	10.6
	<u>351</u>	<u>329</u>	<u>680</u>	<u>100%</u>

Table 2:6

ILLEGITIMATE LIVE BIRTHS (BY AGE OF MOTHER).

<u>AGE GROUP</u>	<u>MALE</u>	<u>FEMALE</u>	<u>TOTAL</u>	<u>%</u>
15 - 19	20	22	42	28.2
20 - 24	29	27	56	37.6
25 - 29	20	15	35	23.5
30 - 34	5	2	7	4.7
35 +	3	6	9	6.0
	<u>77</u>	<u>72</u>	<u>149</u>	<u>100%</u>

Of all births 22% were classified as illegitimate (UK rate 23%)

TEENAGE PREGNANCIES

There were 56 teenage pregnancies (8.3% of all births). Of these 75% resulted in the birth of an illegitimate infant.

Thus 42 infants were born with the risk factor of illegitimacy and a young and inexperienced parent, often single.

TWINS

There were 5 pairs of twins born in 1988, compared with 7 pairs in 1987.

TRIPLETS

One set of Triplets were born in 1988.

Table 2:7

LIVE BIRTHS CLASSIFIED BY BIRTH WEIGHT - LEGITIMATE & ILLEGITIMATE - 1988

BIRTH WEIGHT GRAMMES		BABIES LEGITIMATE		BABIES ILLEGITIMATE	
		M	F	M	F
Under	501	-	-	-	-
	501 - 1,000	-	-	1	-
	1,001 - 1,500	3	2	-	-
	1,501 - 2,000	1	3	-	-
	2,001 - 2,500	9	9	7	4
	2,501 - 3,000	37	51	20	18
	3,001 - 3,500	112	108	27	30
	3,501 - 4,000	80	67	20	16
	4,001 - 4,500	26	17	2	4
	4,501 - 5,000	6	-	-	-
Totals :		274	257	77	72
Total Live Births:		680			

5.7% of all infants born weighed less than 2.5Kgm at birth (UK rate 6.9%)
 Birth by Caesarean Section occurred in 16% of all deliveries. In comparing
 this figure with the UK, it must be remembered that the UK average of
 10.6% includes wide variations between units (7.4 - 17.1%) and between
 types of hospital bed (UK rate is 22.5% in private bedded units)

Table 2:8 STATISTICS RELATING TO BIRTHS AND INFANT DEATHS - 1930 - 1988

Five Year Averages	Live Births	Birth Rate	Male Live Births	Female Live Births	Still Births		Infant Deaths		Neonatal Deaths		Early Neonatal Deaths		Perinatal Deaths		Maternal Deaths	
					No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
1930-34	749	18.4	377	372	27	34.3	44	59	N/A	N/A	N/A	N/A	40	N/A	N/A	N/A
1935-39	787	18.4	408	379	31	38.7	41	51.3	N/A	N/A	N/A	N/A	N/A	N/A	3	3.2
1945-49	766	19.7	391	375	17	22.3	23	29.2	N/A	N/A	N/A	N/A	N/A	N/A	1	1.6
1950-54	734	16.6	369	365	13	17.9	18	24.2	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
1955-59	704	16.7	375	329	13	18.6	17	24.4	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
1960-64	811	17.9	412	399	14	17.3	17	20.6	13	14.4	N/A	N/A	N/A	N/A	N/A	N/A
1965-69	785	17.2	400	385	11	14.6	16	20.5	13	14.8	11	13.7	22	27.9	N/A	N/A
1970-74	736	14.9	377	359	9	12.0	11	15.5	8	11.1	7	10.0	16	21.7	N/A	N/A
1975-79	610	11.3	316	294	6	9.4	8	13.1	5	8.4	5	8.4	11	17.1	N/A	N/A
1980-84	617	11.6	325	292	4	6.2	6	11.7	5	8.5	3	5.2	7	11.6	N/A	N/A
Annual Figures																
1980	622	11.7	339	283	5	8.0	8	12.9	6	9.7	4	6.4	9	14.4	N/A	N/A
1981	619	11.6	335	284	5	8.0	11	17.8	7	11.3	4	6.5	9	14.4	N/A	N/A
1982	589	11.1	314	275	3	5.1	6	10.2	5	8.5	2	3.4	5	8.5	N/A	N/A
1983	660	12.5	337	323	4	6.1	5	7.6	4	6.1	2	3.0	6	9.0	N/A	N/A
1984	596	11.2	299	297	3	5.0	6	10.1	4	6.7	4	6.7	7	11.7	N/A	N/A
1985	642	12.0	338	304	7	10.8	4	6.2	3	4.7	3	4.7	10	15.4	N/A	N/A
1986	671	12.1	326	345	4	5.9	2	3.0	1	1.5	1	1.5	5	7.4	N/A	N/A
1987	644	11.6	327	317	4	6.2	4	6.2	3	4.7	2	3.0	6	9.3	N/A	N/A
1988	680	12.3	351	329	3	4.4	5	7.4	3	4.4	3	4.4	6	8.8	N/A	N/A

Note: N/A = Figures not available

Five year average numbers to nearest whole number

* There was 1 maternal death in each of these 5 year periods

Table 2:9

CHILD HEALTH CLINICS - 1988

A total of 6,759 children were seen at 557 clinics by Health Visitors.

	Clinics held	Number of children seen			
		Number aged 0 - 1	Average per clinic	Number aged 1 - 5	Average per clinic
Brock Road	23	55	2	51	2
Cobo	52	628	12	307	6
Lukis House	47	518	11	147	3
L'Islet	23	249	11	214	9
St. Peter's	24	260	11	112	5
St. Martin's	24	188	8	110	6
St. Sampson's	24	241	10	109	6
Ann's Place Surgery	39	137	4	6	1
Albany Surgery	52	463	9	21	1
Cobo Surgery	50	637	13	105	2
Grande Maison Road Surgery	52	658	13	94	2
Grange End Surgery	52	598	12	78	2
Le Longfrie Surgery	51	188	4	63	1
Les Merriennes Surgery	44	414	9	108	2
	557	5,234	9	1,525	3
Totals for 1987	362	4,991	14	2,156	6

Seven of the nine doctor's Surgeries now hold child health clinics on the premises: It is intended that the remaining two will start these clinics in 1989.

Table 2:10

ANNUAL STATISTICS FOR HEALTH VISITORS - 1988

1)	<u>Pre-school visits:</u>	(6786 visits)	1988	1987
	Primary 0-1.....		617	638
	Primary 1-5.....		132	319
	Re-visits 0-1.....		3328	3015
	re-visits 1-5.....		2709	3457
2)	<u>School Children:</u>	(96 visits)		
	Home visits.....		61	56
	School visits.....		35	6
3)	<u>Visits to:</u>	(1664 visits)		
	Families with problems.....		767	566
	The Elderly.....		469	536
	Physically Handicapped.....		31	52
	Mentally Ill.....		11	9
	Ante-natal.....		254	130
	Hospitals.....		27	52
	Nursing Homes.....		1	-
	Playgroups.....		69	23
	Children's Ward Liaison.....		32	115
	Miscellaneous.....		3	34
4)	<u>Infectious Diseases:</u>			
	<u>B.C.G. Programme:</u>	(13 visits)		
	M.P.T.....		4	4
	B.C.G.....		8	6
	Home visits.....		1	12
5)	<u>Unsuccessful Visits:</u>	(No access)	695	883
6)	<u>Clinics</u>	(1141 sessions)		
	Maternity Bookings.....		28	140
	Developmental Screening.....		404	439
	Child Welfare.....		701	453
	Auditory Training.....		8	19
7)	<u>Health Education</u>	(354 sessions)		
	Schools.....		5	3
	Groups.....		57	18
	Preparation sessions.....		17	5
	Parentcraft.....		21	10
	Post-natal.....		253	186
	Film evening.....		1	1

Table 2:10 (cont)

8)	<u>Meetings with:</u>	(817 sessions)	<u>1988</u>	<u>1987</u>
	Medical Officer of Health.....		24	16
	School Medical Officer.....		4	11
	Health Visitors.....		349	136
	Group Practices.....		121	179
	Community Nurses.....		84	54
	Case Conferences.....		97	116
	Other.....		138	154
9)	<u>Miscellaneous:</u>	(298 sessions)		
	Clerical.....		147	214
	Interviews at Lukis House.....		8	62
	Evening and weekend visits.....		18	30
	Pupil Nurse Training.....		7	6
	Other work.....		118	174

COMMUNITY NURSING SERVICES 1988

I am indebted to Mrs. Jackson, Director of Community Nursing, for the following report:-

It has been a rewarding year. In June the first Inter-Island District Nurses successfully completed their course.

In September, another six Guernsey nurses were seconded to the Inter-Island Training Course and, at the time of my report, are doing well.

CARE OF THE ELDERLY TEAM

The Health Visitor attached to the team undertook a pilot study, and up to the time of reporting the findings highlighted were as follows:-

1. That there remains a strong family network. Relatives, neighbours and the voluntary organisations do an excellent job in caring for people in their own homes.
2. Health Promotion should target the elderly, so that they gain a greater understanding of their own health, and what is required to keep them healthy.
3. We should continue to concentrate efforts towards more independence for the elderly as long as the person requires, and help maintain a good quality of life by utilizing the services provided.

Two new services were established in August 1988, a once weekly rota of outings for patients from all over the Island, and an afternoon bath service at the Russels Day Centre.

There is a very close liaison with the family practitioners, consultant geriatrician, hospital staff, home help service, carers and voluntary organisations.

HOME CARE TEAM FOR TERMINALLY ILL

The aim of the Home Care Sisters is to continue to establish a comprehensive caring service for patients and those who care for them, from diagnosis and treatment through to cure, remission or death.

This they achieve alongside other members of the caring professions, in order to remove some of the fear that cancer holds for so many patients. The Home Care Sisters visited Southampton and have established communications with the staff there, this will enable relevant information to be given and received and should improve the overall care of the patient.

HEALTH VISITING SERVICES

The Health Visitors continue to have a good liaison with each medical group practice, and hold child health clinics weekly in seven surgeries and other venues throughout the Islands; two are held weekly, and five are held twice per month. These sessions are used by Health Visitors to carry out developmental screening assessments.

All parents of babies aged 7 - 9 months and of toddlers aged 3 years, are offered an appointment for development screening assessment and this is carried out at Luxis House, a child health clinic or the child's home.

The system of child health surveillance is working well, and the liaison with other relevant professional staff has enabled Health Visitors to carry out more preventive work and health promotion in the homes. A support group was set up for the families of the children who are receiving orthopaedic treatment at the Lord Mayor Treloar Hospital.

AIMS FOR 1989

1. Practice attachment of Health Visitors and District Nurses
2. Secondment of a student Health Visitor for training in September 1989
3. Introduction of Night Nursing Service.

Statistics for Community Nursing Service

Table 3:1

VISITS	1984	1985	1986	1987	1988	% Changes in 1988
General	49,468	47,647	51,174	53,370	52,845	- 1.00%
Visits to 65 & over	41,996	39,622	45,130	44,752	46,828	+ 4.6%
% of visits to 65 & over	84.9	83.1	88.2	83.9	88.6	+ 4.7%
Twilight nursing visits	8,300	9,250	9,146	11,960	11,218	- 6.2%
Total visits	57,768	56,897	60,320	65,330	64,063	- 1.9%

Table 3:2

PATIENTS	1984	1985	1986	1987	1988
New referrals	671	667	839	772	876
Existing patients	448	481	505	529	525
TOTALS:	1,119	1,148	1,344	1,291	1,401

THE ELDERLY

It is estimated that there are 8,807 individuals over 65 years of age living in Guernsey, of whom 3,818 are over 75. This latter group in particular are those who may require extra services from Community Nurses amongst other professionals. Possible half of those over retiring age and two thirds of the over 75's live alone.

The working party on services for the elderly has continued to meet regularly to coordinate the services which the Board of Health approved in 1985.

The Geriatric Liaison Team, including staff from the King Edward VII Hospital and Community Services, is working successfully in providing comprehensive care for the elderly.

Residential Homes

There are 11 registered homes offering 225 places. These homes, which are registered by the Board of Health, are regularly inspected by an Environmental Health Officer and by a senior nurse. Guidelines for applicants intending to operate a Residential Home, have been approved by the Board of Health.

Nursing Homes

There are 2 registered nursing homes, with a total of 36 beds. In addition two dual registered Residential Homes have 28 places available for individuals requiring nursing care. These are registered by the Board of Health and inspected regularly.

HOME CARE TEAM

The specialised community nursing component of services for the terminally ill started in 1984 and has continued to develop.

There were 98 new referrals during the year. On average 35 patients are attended each month, involving a total of 2405 visits during the year.

Two beds in the Princess Elizabeth Hospital are reserved for Hospice type care. Six syringe drivers are now in use as a means of providing continuous pain relief in the home, as well as a further three in hospital wards.

During 1988, 168 patients died from cancer, compared with 133 in 1987, so there are still a considerable number of patients who do not take advantage of the service.

The Primary Care Team

Much has been written about this concept: much confusion remains as to what it really means.

Basically there are five main principles:

- Care of the individual in the community requires coordination of help.
- Doctors, nurses, health visitors, other professionals working in the community should be responsible for the same defined population - the patients registered with a doctor's practice. They are "attached" to the practice population.
- Communication between members of the team should be easy, frequent and a normal part of good practice.
- The role and responsibilities of each member of the team should be clearly understood by all.
- Leadership and team work must be effective.

The success or failure of the team largely depends on the personality of the members, enthusiasm to make it work, and leadership and management styles. The end result can be a better quality of care for each individual in the community, rather than a fragmented piecemeal response to each different contact between a patient and a health care provider, with the dangers of overlap, duplications or omission of care.

In Guernsey some 60 doctors, of whom 8 are part-time, provide medical care from 5 practices. Four of the practices each work from two main surgeries, so that there are 9 surgery premises in the Island. Of the 52 fulltime doctors, 25 are recognised as specialists and mainly provide specialist care: 27 work mainly as General Practitioners. The number of patients for whose care each GP is responsible is therefore very similar to that on the mainland; Guernsey is certainly not "over doctored" regarding General Practitioners' care.

There are 9 Health Visitors who work attached to practices; in 1989 it is hoped that Community Nurses and their team will also work as fully attached members of the Primary Care Teams. In addition, nurses employed by the Practice work in each surgery premises treating patients who visit that practice. The pattern should soon be firmly established throughout Guernsey for the provision of preventive and treatment services in the Community by "attached" Community Teams working with the population served by each individual Practice.

FAMILY PLANNING

The Guernsey Family Planning Association continued to provide a service which meets a real need. Clinics are held on Wednesday evenings, at Lukis House.

The clinic is available to the public both directly (for those unwilling initially to consult their own doctor) as well as to individuals referred by their own doctor or Health Visitor.

There were 141 new registrations at the clinic, and a total of 916 attendances an increase of 9% compared with last year.

NON ACCIDENTAL INJURY TO CHILDREN

The Guernsey Child Protection Committee, consisting of the Medical Officer of Health, the Senior Clinical Medical Officer, a Chief Inspector of Police, the Chief Inspector of the NSPCC, the Director of Community Nursing, an Assistant Director of Education, the Field Work Services Manager of the Children Board and chaired by the Children's Officer, met regularly to review procedures.

During the year 54 allegations of abuse were investigated (over one a week on average) and substantiated in nearly a third - 17 cases. The sexual abuse of children is increasingly recognised as a major problem, accounting for half the alleged cases of abuse, and nearly two thirds of the substantiated cases.

It has become very obvious that the effective prevention of child abuse involves a considerable amount of staff time and stress. In many of the 37 cases that were not substantiated, doubt and concern about what is actually happening continues and in some ways the unresolved anxiety is more stressful than when a case is proven and remedial action has been taken.

The Children Board have developed a specialised service to deal with these difficult problems.

HEALTH PROMOTION

I am indebted to Mrs. M. Ponder, Health Promotion Officer, for the following report:-

The Health Promotion Unit was set up on 1st February 1988 following the appointment of a Health Promotion Officer. A local assistant Health Promotion Officer was recruited in May.

In April the Board of Health approved the Health Promotion Unit Programme plan for the next three years.

The work of the Unit focused on setting up health promotion programmes, as outlined in the Programme Plan, establishing a resource centre and identifying and building firm working relationships with a wide variety of professional and voluntary organisations/departments and individuals. This network of individuals and departments would thus facilitate health promotion for the island's population.

A summary of the progress of the Health Promotion Unit's major programme is given below.

YOUR HEALTH SURVEY

In May 1988 a survey conducted by Southampton University on 972 Guernsey residents was completed. There was an exceptionally high response rate of 75%.

This survey provides base line health data for the island, and the survey will be repeated in 5 and 10 years' time so that changes in health status and behaviour can be compared.

The main findings of the 1988 survey were -

<u>Smoking</u>	27% men, 31% women smoke 72% of smokers wanted to give up over 25% smokers favoured increase in smoke free environment
<u>Alcohol</u>	12.4% men and 6.7% women were drinking at levels likely to damage their health
<u>Weight</u>	41.4% were overweight
<u>Diet</u>	62% changed their diet in past three years
<u>Stress</u>	1 in 10 regularly take sleeping pills

A more detailed summary follows this report, on page 42.

LOOK AFTER YOUR HEART

The LAYH programme was established to help prevent the greatest cause of early morbidity and mortality on the island, coronary heart disease. The health issues tackled under this programme are smoking, nutrition, exercise, alcohol and stress.

The two main elements of the programme are -

- * Look After Yourself (LAY)
- * Screening with Health Education

Other elements include on-going work in schools, multi-disciplinary alcohol education, and work with voluntary organisations such as Guernsey Council on Alcoholism and Guernsey Association for the Welfare of Children in Hospital and the Guernsey Chest and Heart Association.

i) "Look After Yourself"

It was felt that the Look After Yourself course should be introduced into the island as it is a complete health and fitness programme for people of all ages and so would form a major element in the prevention of heart disease.

Therefore during October and November two Jersey and 12 Guernsey tutors (including the Assistant Health Promotion Officer) followed a rigorous 50 hour tutor training course led by three tutors from the U.K. On completion they were qualified to run L.A.Y. courses throughout the islands.

Each course consists of 6 to 10 sessions of 1½ to 2 hours each session and has three vital elements -

- * Exercise: a safe pulse-monitored exercise programme for each individual suited to their needs and capabilities.
- * Health Topic: discussion of a variety of health topics including nutrition, coronary heart disease, benefits of exercise and weight control.
- * Coping with Stress: stress management skills and a simple muscle relaxation technique.

Approximately 70 people took part in the four courses after Christmas and there are plans for at least another eight courses to be held after Easter 1989.

The Assistant Health Promotion Officer was appointed as the Channel Island tutor co-ordinator and so the Health Promotion Unit has played a major part in supporting the new tutors both in terms of provision of materials and in advice and guidance.

The courses have been highly successful with demand outstripping availability, and several groups - e.g. W.I's - have expressed interest in having courses for their own members.

i) "Look After Yourself" contd.

The Health Promotion Officer has recently qualified as a tutor trainer and so will be able to run in-service training days locally. It is hoped that at least two more tutors will qualify as trainers within the next two years, so that the island will become self sufficient for all its LAY needs except resources.

ii) Screening

Following a highly successful one and half day seminar in June presented by members of the Oxford Prevention of Heart Attack and Stroke Project, a Health Screening Working Party was set up. Representatives from all the island's General Practices and the Guernsey Chest and Heart Association are in the group, and include general practitioners, practice nurses and practice managers.

At the end of 1988 all the island practices had either set up well-person screening or had developed plans to do so.

iii) Smoking Education

Smoking still represents the greatest contributory factor to Coronary Heart Disease and cancer on the island. The two aims of smoking education are:-

- a) to stop young people starting
- b) to help smokers give up the habit

Smoking education in schools is on-going and helps to fulfil the first aim. The My Body Project for Primary Schools (a training course for teachers) is planned for 1989. My Body was originally developed as a smoking education pack, and has now been extended to a general Health Education pack for primary schools.

Resources such as leaflets and videos were provided to help those who wanted to stop smoking.

iv) Nutrition

- a) Nutrition education is done as part of general health education in schools.

Specific displays were done at a primary school and at the Facts and Fun Day organised by G.A.W.C.H., at which a secondary school organised the nutrition display.

- b) The Dietician from the Princess Elizabeth Hospital and Health Promotion Officer took part in a series of radio broadcasts on food as part of the general series on Look After Yourself.
- c) In conjunction with the dietician and Hotel Service Manager, two half day seminars were planned for catering staff on healthier eating.
- d) Nutrition is part of LAY programme.

v) Alcohol

- a) In conjunction with the G.C.A., a Drink Awareness Week was held in October 1988. Formal and informal evaluation of the week showed that the aims of further raising public and professional awareness to sensible drinking had been achieved.

Working with the G.C.A. enabled the Health Promotion Unit to make contact with the breweries who are anxious to promote sensible drinking through promoting alternatives to alcohol.

- b) Links have been established with Jersey, working with the Jersey Health Education Officer and the Jersey Director of Alcohol and Drug Services.
- c) A five day Alcohol Education course (Drinking Choices) for professionals from Guernsey and Jersey was held in November/December 1988. Three course facilitators, including a tutor from School of Nursing, were from Guernsey and one from Jersey. The course was very well received and it is hoped that full support will be given to this core group of alcohol educators.
- d) Display work on sensible drinking took place at the Facts and Fun Day in October - it was manned by "Youth on the Move".
- e) Alcohol education forms part of the on-going health education in schools and there has been liaison with Lions on Skills for Adolescence.

SCHOOLS

Over the past year there has been tremendous support from the Education Council and Department. A working group was set up to write Guidelines for Health Education in Schools. These were circulated for discussion at the end of 1988 and hope to be finally produced in 1989.

- a) There is close liaison with all the secondary schools and links have been made with approximately half of the primary schools.
- b) In-service training for teachers in secondary schools on development of Health Education in the curriculum took place in the summer 1988.
- c) Support to Complementary Health Educators and liaison with school nurses and their nurse manager was on-going.
- d) A pack on Personal and Social Education for the Handicapped is being looked at and a group established to look at piloting this new material.
- e) The above work has involved close contact with and support from the Teachers' Centre.

AIDS

In April a two day seminar was held for a variety of professionals, and was led by Terrence Higgins Trust trainers.

From this seminar developed a multi-disciplinary AIDS Action Group. The group has expanded to include voluntary organisations and meets approximately every four months to update knowledge and discuss progress. As with alcohol, the Health Promotion Unit provides support and guidance so that individual members can carry out AIDS education within their own work setting. Difficulties have been encountered by some group members in gaining adequate time in which to carry out AIDS education.

Increasing professional awareness of Health Promotion will hopefully enable front line educators such as those from the AIDS action group and the Drinking Choices course to effectively carry out their vital role.

AIDS and young people

Two jingles to be played at discos were commissioned by the Unit. Two posters and a drip mat were produced to complement the jingles. All secondary schools are represented on the AIDS action group and AIDS education in secondary schools has had high priority. Several parents' evenings on AIDS have been held. They were well attended and feedback from parents indicated that they were very welcome.

World AIDS Day, 1st December

The following events took place:-

- * Presentation by Terrence Higgins Trust to Deputies and Chief Officers
- * Visits to schools by Terrence Higgins Trust trainers
 - * Meeting of AIDS Action Group
 - * Broadcast Public Debate at St. James

HEALTH PROMOTION GROUP - Aims

A health promotion group was set up in June. The main aim of the group is to be responsible for recommending Health Promotion Policies to the Board of Health and then to be responsible for the initiation, planning, implementation and monitoring of these Health Promotion Policies.

TRAINING

A major part of the Unit's role is to train front line health educators. Training events were organised for:-

AIDS educators	Staff at Greenfields
Drinking Choices - alcohol educators	Practice Nurses
Look After Yourself tutors	Youth Workers
Nurses in School of Nursing	Teachers

Workshops and talks have been given to W.I., women's groups, pre-retirement groups, Rotary, Pharmaceutical Society, Lions, Doctors' Luncheon meetings. The Health Promotion Unit has been well received by all these groups.

ALDERNEY

Two visits to Alderney were made during 1988. An in-service training day was held for all staff at St. Annes School. Ormer House was visited. Links were established with the island's Youth Worker who, together with a Community Nurse on the island, attended the Drinking Choices course. Two visits were made to the hospital and two short alcohol education sessions were run for staff.

It is hoped to visit the island every three to four months to support the school and individuals carrying out health education.

MEDIA

Good working relationships have been established with the media who have been supportive in helping to promote health.

Specific projects involving the media have been:-

Alcohol Awareness Week

LAY - 6 interviews on radio

Coverage of LAY by all media

Coverage of World AIDS Day

ENVIRONMENTAL HEALTH

Discussion took place during the year to plan joint activities, particularly in relation to National No Smoking Day 1989 and Less Fat Fortnight which will take place during June 1989.

RESOURCES

The Health Education Resources Centre was set up during the summer of 1988 and is continually expanding. It is open to everyone and is used frequently by health visitors, schools, and LAY tutors, as well as College of Further Education students and members of the general public.

At the present time the Centre holds -

- Supplies of over 120 different leaflets
- approximately 30 videos on a variety of health topics
- 35 teaching packs
- 50 books
- 40 posters
- 30 resources boxes containing latest information

on each health topic as well as selection of overhead transparencies, games, cassettes and computer programmes and a variety of catalogues and journals.

All equipment, including a video player, overhead projector, and flip chart can be borrowed for a maximum loan of three weeks and leaflets are distributed as part of the programme plan.

During 1988 approximately 6000 leaflets were given out, the most popular being those on healthy eating, exercise, alcohol, AIDS and infant care and feeding.

A catalogue of all the resources held at the Unit is currently being prepared and it is hoped this will be distributed to the users and will be regularly updated.

Maintaining a Resources Centre, and particularly dealing with clients' requests and advising them on how best to use the relevant resources is a skilled and time consuming task. It is proving very successful and it is envisaged that as demand increases, then more time will need to be spent developing this vital part of Health promotion.

Professional Development

Over the past year professional links have been developed with -

- a) Health Education Officer, Jersey
- b) Society of Health Education officers, Wessex Region
- c) Health Education Authority, London
- d) L.A.Y. Project Centre, Canterbury and South Region (UK)

Regular professional meetings include those with the Health Education Officer in Jersey and the Society of Health Education officers. These professional links with Jersey and the UK have resulted in information exchange, professional support and joint programme planning when appropriate.

The Assistant Health Promotion Officer will be away in Leeds in September 1989 for one year on the Diploma/MSc Health Promotion course, which is the professional qualification for Health Promotion Officers.

The Assistant Health Promotion Officer has in the past six months carried out a wide variety of duties and been involved in most of the major programmes. She has specifically taken on the management of the LAY programme as LAY co-ordinator and is the key link for work with the Youth Service, and is the Resources Officer.

THE GUERNSEY "YOUR HEALTH" SURVEY.

A Health Survey to find out the reported lifestyle of the population was carried out in Guernsey in May 1988. This also provides a behavioural base line in order to evaluate changes that may occur due to Health Promotion.

A total of 972 questionnaires were sent to a random sample of patients on doctor's lists in Guernsey. Of these 123 were returned unanswered because the address was wrong or the individual had left Guernsey. In all, 590 completed questionnaires were returned for analysis. This was 75% of the questionnaires that reached individuals in the sample.

The analysis of the replies gives the following profile of life styles in Guernsey:-

Smoking:

The smoking pattern in Guernsey is similar to that of the United Kingdom but slightly less people overall smoke in Guernsey. (27.1% of men compared with 35% in the United Kingdom and 30.9% of women compared with 31% in the United Kingdom). Smoking is more prevalent amongst women than men under the age of 30.

The majority of smokers (72% of heavy smokers) wish to give up smoking and the main reasons given were to prevent disease and to improve fitness. Their own will-power was cited as being the greatest motivator whilst advice from the doctor came second. Over a quarter of the smokers (28%) thought that more smoking restriction in public places would help.

Drinking:

Men drink very much more than women. Of the men, 12.4% were regularly drinking quantities which were likely to cause permanent damage to their health whilst 6.7% of women were drinking corresponding quantities. None of the age groups for men has a significantly different drinking habit from any other. For women the proportion who drink excessive amounts increases with age up to retirement and then drops sharply.

Drinking style was assessed by recording the amount and frequency of alcohol drunk. Heavy drinkers ie those drinking nine or more units in a day at least once a week were 5.9% of the sample. Moderate drinkers who either drink 5 - 8 units once a week or larger amounts less often than weekly, constituted a further 11%.

Drinking levels are highest in the Professional and Managerial social class. It may be that these drinking habits are part of the lifestyle of these groups and they may not be aware of the harm they may be doing to themselves.

Slightly more men than women have reduced their drinking with 53% of men between the ages of 18 and 24 now drinking less than last year. However, only 29% of those thought to be damaging their health by drinking too much said they wanted to drink less or to stop drinking completely. Those who wanted to drink less felt that personal willpower was the most vital factor. Almost a third of the sample felt that wider availability of non-alcoholic drinks for sale in pubs would help while 24.3% valued advice from a doctor and 21.6% felt that encouragement and support from close family was helpful.

Exercise:

Nearly all the sample felt that exercise was important for staying in good health. Over 95% thought that exercise was a good way of releasing tension and over 85% thought that it was useful for keeping the weight down. Over half of the sample thought they were not taking enough exercise and highlighted lack of incentive and lack of leisure time. Very few blamed lack of transport. Also, very few people said that their doctor had ever told them to take more exercise.

Weight and Diet:

Standard definitions were used to classify obesity. In total 41.4% of the sample were classified as overweight and 8.6% as obese. Obesity was 3 times more common in women than in men. The prevalence of people carrying excess weight was similar to that in the United Kingdom. The age groups for men who are overweight and obese both peak sharply for ages 45 to 55 which coincides with the largest proportion of those suffering from high Blood Pressure.

The proportion of respondents who said they had changed their diet within the last three years was 62%, and 21.4% said that this change had been a major one. The majority of the sample who had changed their diet said they had done so for health reasons.

Use of General Practice Services:

A quarter of the sample said they had attended a Well Woman or Well Person check; 7% said they had attended a private health check and 18% said they had been screened at work.

A total of 85% of the sample said that they had had their blood pressure checked within the last 5 years. 16% of the sample said they had been told they were suffering from high blood pressure.

The proportion of men suffering from high blood pressure peaks in the 48 - 57 age group which coincides with the lowest proportion of men having had their blood pressure taken within the last 5 years. Thus 8% of men in this age group may be suffering from high Blood Pressure which has gone unchecked.

Cervical Smears:

In total 71% of women under the age of 58 have had a smear within the last 5 years. The proportion of women who have had cervical smears decreases from social class 1 through to social class 5 but not by significant amounts. A high proportion (91.7%) of married women aged 18 - 27 have had a smear.

Stress and Sleep:

A significant proportion (7.2%) of the sample said that they seldom slept well. Nearly one in 10 (9%) regularly took pills to help them to sleep.

This survey is a very useful record of the amount of change that is needed in life styles so that Guernseys population can lead a more healthy life, and avoid early disability and death.

MEDICAL ADVICE TO STATES DEPARTMENTS

Civil Service Board

The system of pre-employment assessment of fitness for employment by questionnaire continues with selective medical examinations when necessary. Of 906 new entrants, 759 were assessed on the questionnaire alone, while 82 also required a medical examination and 65 required health interview.

In addition 362 nursing staff were assessed, 345 by questionnaire and 17 by medical examination and health interview.

Recommendations for early retirement on medical grounds were submitted for 13 individual employees. In addition a change of job was recommended for one individual.

Motor Tax Department and Road Accidents

There were 62 consultations regarding medical aspects of fitness to drive. However, the control of drunken driving remains the single most urgent and important factor in preventing death and injury from road accidents.

New legislation was introduced in December 1986 requiring blood alcohol levels to be measured if a driver appeared to be impaired due to drinking. As a result the number of convictions rose from 74 in 1986 to 227 in 1987 and there were 193 convictions in 1988.

These figures give some idea of the size of the problem of drunken driving in Guernsey.

Since the wearing of seat belts became compulsory in Guernsey, the number of injuries sustained by drivers involved in accidents has fallen by nearly a third, whilst injuries to front seat passengers have halved in number, despite an increase in the total number of accidents.

CONTROL OF DANGEROUS DRUGS

The import, export, production, supply and possession of certain powerful addictive drugs such as morphine and heroin, is controlled by law to prevent abuse and ensure they are used only for prescribed treatment.

The management of the 5 notified addicts resident in the Island was reviewed regularly. In addition there are 6 individuals habituated to drugs that do not fall within the legal category of controlled drugs of addiction. These are also kept under surveillance.

The Medical Officer of Health on behalf of the Board of Health has a duty to inspect and sign Import Licences for Controlled Drugs.

Table 4:1

Misuse of Drugs Law 1974

Importation Licences for Controlled Drugs issued annually

1976	40	(from June 1st only)
1977	80	
1978	89	
1979	82	
1980	87	
1981	117	
1982	112	
1983	117	
1984	118	
1985	132	
1986	150	
1987	147	
1988	141	

INFECTIOUS DISEASES

MEASLES

There was an increase of cases once more this year, from July onwards, which was not unexpected in view of the relatively low uptake of vaccination in the past. However, the number of children vaccinated each year is increasing and with the introduction of a combined measles, mumps & rubella vaccine in 1988 it is hoped to achieve the 90% cover necessary to change measles from a common cause of morbidity in childhood, into a rare, if not eradicated, disease.

WHOOPING COUGH

There were 22 sporadic cases during the first half of the year, the majority in children who had not been vaccinated. Provided a high level of vaccination is maintained, (currently 84%) the epidemic of 1982/83 could well be the last in the Island.

FOOD POISONING

There were two outbreaks during the year, one due to a salmonella and the other most probably due to a virus (NLV or Norwalk Like Virus). Approximately 30 individuals were affected in each outbreak.

INFECTIVE HEPATITIS TYPE A

At the end of the year there was a small outbreak of mild illness affecting 6 school children. In addition there were a small number of sporadic, unconnected cases.

AIDS

The first case in the Island was notified in 1987. There were 7 known carriers of the Human Immunodeficiency Virus resident in the Island at the end of the year. It is not known how many Guernsey residents may have been tested in the UK, and found to be infected. Prevention by education rather than by legislation, is now widely accepted policy by most governments. Locally there has been considerable progress in developing acceptable as well as effective educational initiatives.

The management and the prevention of problems associated with HIV infection in the Island is coordinated by an AIDS Working Party, set up by the Board of Health and consisting of the Medical Officer of Health (Chairman), the Chief Executive of the Board of Health, the Chief Nurse, the States Pathologist, the Medical Officer of the Special Treatment Clinic with a special interest in AIDS, and the Health Promotion Officer.

It is very hard to convince a disbelieving public that we have a local problem, that it is going to get worse, and that it would be sensible to make behavioural changes now rather than five to ten years hence. By then the death rate will be such that it will no longer be possible to believe "it won't happen here". The long incubation period before infection causes disease, and a pre-occupation with counting today's known cases (which simply show the extent of infection that was happening in the early 1980s) are the biggest block in instilling any sense of urgency into accepting preventive advice.

The fact that effective prevention really does mean a change in personal sexual behaviour is the hardest message of all for many people to accept.

During the year an AIDS Action Group was set up, through the initiative of the Health Promotion Unit with the assistance of trainers from the Terrence Higgins Trust. This group consists of about 40 volunteers from a dozen different departments and 9 schools, whose brief is to produce and develop educational initiatives in their work places.

To do this they require up to date information and enthusiasm and meetings are held regularly to meet this need. We are fortunate in having this field force ready to help when next the Island faces local problems and the danger of AIDS associated anxiety and hysterical reactions to this disease.

We are also fortunate in having help from the Contact Tracer/Adviser who is based in the Special Treatment Clinic and undertakes AIDS counselling work.

World AIDS Day on 1st December provided a further opportunity for publicity in the Island.

SEXUALLY TRANSMITTED DISEASES CLINIC

The two part-time States Venereologists, Drs King and Brannan, have seen patients at sessions on Tuesdays and Fridays throughout the year. On each of these days there are separate sessions for men and for women.

The total number of individuals attending remains close to the average for the past 5 years, but the number of attendances of women has increased.

It is impossible to make an accurate epidemiological assessment of sexually transmitted diseases in the Island without being able to count the number who attend their family doctor or go to special clinics on the mainland. It is unsatisfactory that eighty less women than men attend the Clinic - indicating there may be a similar number of untreated partners who continue to spread these infectious diseases.

It must always be remembered that 169 individuals who attend the clinic have had a minimum of the same number of partners, so that the figures recorded represent less than half the number of infected individuals.

The Health Adviser is responsible for contact tracing and helps with counselling for all sexually acquired infections including HIV infection and AIDS.

Table 5:1

SEXUALLY TRANSMITTED DISEASES CLINIC.

Cases				Total New Cases			Attendances		
	Male	Female	Total	Syphilis	Gonorrhoea	NSU	Male	Female	Total
1972	211	40	251	1	90	95	1114	150	1264
1973	176	48	224	1	66	97	1003	183	1186
1974	194	65	259	3	90	93	974	227	1201
1975	190	83	273	18	81	89	898	321	1219
1976	172	62	234	6	70	43	899	186	1085
1977	146	43	189	0	35	41	322	93	415*
1978	132	37	169	1	32	28	330	82	412
1979	146	58	204	3	48	36	332	133	465
1980	158	56	214	2	49	40	337	97	434
1981	144	34	178	2	31	49	369	89	458
1982	132	45	177	0	36	35	243	77	320
1983	150	32	182	0	24	31	237	45	282
1984	115	53	168	2	53	36	265	112	377
1985	126	45	171	1	24	49	287	81	368
1986	126	46	172	1	23	29	297	66	363
1987	155	45	200	N/A	N/A	N/A	326	67	393
1988	123	46	169	0	25	30	298	90	388

* In 1977 statistics were computed in a different way, so that the sudden drop in attendances only partly reflects the decrease in new cases and the marked drop in repeat visits due to changed therapeutic regimens.

In addition to those cases attending the Sexually Transmitted Diseases Clinic, 11 cases of gonococcal infection were confirmed by laboratory diagnosis, from patients attending family doctors.

Table 5.2

NOTIFICATIONS OF INFECTIOUS DISEASES

	1967	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88
Measles	1	1	-	-	-	-	-	1292	13	25	523	217	3	581	123	71	258	27	140	75	8	42
Whooping Cough	-	-	-	-	-	3	1	12	5	5	157	23	69	17	11	42	48	-	-	14	27	23
Food poisoning	2	1	-	1	3	1	-	-	12	13	33	59	28	38	29	27	22	17	32	160	48	78
Dysentery	-	-	-	1	-	-	-	-	-	-	-	-	-	2	3	1	1	-	-	-	-	-
Paratyphoid Fever	-	-	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Typhoid	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-
Scarlet Fever	-	1	-	-	-	2	1	3	11	1	3	8	5	2	9	3	4	-	1	-	-	-
Infective Hepatitis	-	1	1	-	-	-	1	3	6	3	3	5	2	3	3	2	4	-	-	5	2	13
Leptospirosis	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-
Acute Encephalitis	-	-	-	-	6	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-
Acute Meningitis	-	-	-	-	-	2	2	3	-	2	1	1	1	1	1	1	1	-	-	1	-	4
Malaria	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-
Tetanus	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-
Psittacosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
Tuberculosis *	11	10	7	8	9	3	3	7	6	8	8	8	2	3	5	4	3	2	8	1	5	3
AIDS	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-

* Notifications of tuberculosis have been reviewed and corrected.
Tables in previous Annual Reports show small differences from these figures.

THE WORK OF THE ENVIRONMENTAL HEALTH DEPARTMENT

I am indebted to Mr J M Bairds, Chief Environmental Health Officer, for the following report:-

The general public showed an increasing awareness of the relevance of environmental conditions to their state of health and well being. Their demands for the immediate resolution of deleterious environmental conditions became more vociferous. Their general awareness of food safety, as an issue, also increased. Pressure on housing resources further intensified. These were the ingredients which gave rise to a year of mounting pressure on the Environmental Health Officers.

Routine food and environmental monitoring had to be scaled down in order to allow the proper investigation of problems brought to the attention of the department by the public.

Out of necessity the year became another one of fire fighting rather than fire prevention.

Houses in Multiple Occupation

Pressure on available housing has increased the number of Houses in Multiple Occupation (HMOs) and Environmental Health Officers have found themselves increasingly involved in tackling unsatisfactory standards found in shared living accommodation.

Complaints made to the department during 1988 about living conditions in HMOs included the inadequate provision of facilities provided for occupants, poorly repaired accommodation, the danger of fire, and overcrowding. Occupiers of HMOs also frequently stated that they experienced lack of privacy, high rents, harassment, insecurity of tenure and a limited choice of alternative accommodation.

Residents living near HMOs complained about the appearance of the environment (e.g. piles of discarded personal and household effects, untidy gardens, car parking problems, etc...) and nuisance effects from noise and the intensive use of property.

The Guernsey Environmental Health Officers have pursued their statutory duties despite increasing difficulties and the obstructive behaviour of some owners.

In one HMO, two closure notices were served and the families were rehoused by the States Housing Authority.

The problems described above have highlighted the need to revise standards of overcrowding and to amend the Loi Relative a la Sante Publique 1936

Following examination of the various problems associated with HMOs, the department has identified several main policy objectives for consideration:-

1. Ensuring that all property in multiple occupation is maintained in good structural condition.
2. Ensuring that adequate facilities are provided for the use of all occupants of HMOs.
3. Ensuring occupants of HMOs are adequately protected from the risk of fire.
4. Ensuring that HMOs are not overcrowded.
5. Seek to ensure that HMOs are not detrimental to the local environment.

FOOD CONTROL SECTION

A total of 780 complaints/requests were dealt with during the year.

Details of the 3857 visits and inspections carried out are shown in Table 6:4

Food Complaints

A total of 154 complaints were received. The majority were dealt with informally but eight were submitted to the Law Officers for formal action, resulting in the companies concerned being successfully prosecuted with total fines of £875 being imposed.

Food Hygiene

Legal action was taken in respect of two companies for infringements of Food Hygiene legislation. Successful prosecution resulted in fines of £480 being imposed.

Food Surrender

Foodstuffs voluntarily surrendered during 1988 included:

Fruit and vegetables	4 1/2 tons
Meat - fresh/frozen	6 1/2 tons
Meat - products	1 1/2 tons
Meat - tinned	628 lbs
Cheese and fats	2 tons
Fish	370 lbs
Frozen foods	21,194 pkts
Miscellaneous	10,853 pkts/tins
Flour	7 1/2 tons

FOOD AND WATER SAMPLING : Table 6:1

<u>Bacteriological</u>		<u>Chemical</u>	
Water	179	Water	91
Food	36	Food	4
Totals	<u>215</u>		<u>95</u>

FOOD POISONING

A total of 48 episodes of suspected food poisoning were investigated by Environmental Health Officers, involving a total 417 visits.

Table 6:2

Food Poisoning 1984 - 1988 : Number of episodes (Suspected and Proven Cases)

CAUSAL ORGANISM	1984	1985	1986	1987	1988
Salmonella sp	18	29	30	23	34
Campylobacter	16	11	6	2	4
Organism not identified	12	15	NIL	NIL	9
Other	*	2	NIL	2	1
Total number of episodes	46	57	36	27	48
No. of food premises involved	1	11	2	NIL	2
Total No. of persons involved	*	*	*	*	208
No. of persons positive	34	100	160	48	78

* Information not available.

GENERAL SECTION

A total of 1468 complaints/requests were dealt with during the year.

Details of the 3977 visits and inspections carried out are shown in Table 6:3

RODENT SECTION

1280 requests for treatment were received during the year and a total of 2816 treatments were carried out by Rodent Control Staff.

Table 6:3
GENERAL SECTION: CLASSIFIED INSPECTIONS AND VISITS

	1988	1987
Housing	617	683
Housing (Multiple Occupation).....	19	1
Closing Orders issued.....	9	6
Closing Orders revoked.....	4	2
Hotel Staff Accommodation.....	2	5
Nursing/Residential Homes.....	25	61
Hospitals.....	9	0
Hairdressers.....	25	60
Workplaces.....	7	1
Schools.....	12	10
Ships.....	2	0
Camp Sites.....	3	2
Beaches.....	6	4
Public Conveniences.....	12	19
Swimming Pools.....	27	32
Atmospheric Nuisances.....	119	101
Atmospheric Observations.....	298	238
Noise Nuisances.....	67	42
Noise Observations.....	257	148
Refuse Accumulations.....	210	272
Controlled Tips.....	103	45
Verminous Premises.....	34	36
Disinfestations.....	2	5
Rodent Control.....	97	133
Fumigations.....	11	7
Non Public Health Pests.....	18	22
Water supplies - Mains.....	42	88
Water Supplies - Private.....	92	135
Water Samples.....	270	279
Streams.....	7	34
Drainage.....	348	417
Cesspits.....	54	67
Septic Tanks.....	1	4
Sewers.....	2	0
Drain Tests.....	0	9
Farms.....	3	1
Piggeries.....	12	76
Infectious Disease - Investigations.....	1	1
Infectious Disease - Other Visits.....	2	1
Health & Safety.....	2	4
Pharmacy & Poisons.....	10	5
Lectures (Health Education).....	2	0
Plans Inspected.....	6	7
Alderney Visits.....	5	* 1987 figures
Herm Visits.....	0	* included in
Sark Visits.....	1	* Food section
Dogs.....	18	visits
Playgroups.....	7	14
Asbestos.....	145	176
Air Pollution Monitoring.....	187	272
Non Classified Visits.....	765	844
Exhumations.....	0	106
Total	<u>3977</u>	<u>4499</u>

Table 6:4

FOOD CONTROL: CLASSIFIED INSPECTIONS AND VISITS

	1988	1987
Hotels/Guest Houses.....	199	214
Self-Catering.....	0	2
Restaurants/Cafes,etc.....	107	105
Take-away Food Premises.....	53	47
School Catering.....	1	1
Hospital Catering.....	35	17
Outside Catering.....	43	37
Conference Catering.....	25	23
Bakeries.....	59	67
Confectioners (Bakery).....	17	19
Breweries.....	0	3
Public Houses.....	9	50
Grocers.....	67	86
Greengrocers.....	3	6
Confectioners (Ice Cream/Sweets).....	2	4
Butchers (Retail).....	39	56
Butchers (Wholesale).....	31	30
Fishmongers (Retail).....	7	23
Fishmongers (Wholesale).....	3	4
Fish & Chip Shops.....	10	30
Mobile Food Vehicles.....	58	45
Clubs.....	1	4
Wholesale/Storage Depots.....	22	19
Kiosks (Beach etc.).....	39	22
Food Factories.....	3	5
Vending Machines.....	1	2
States Markets.....	28	71
States Slaughterhouse.....	7	11
States Dairy.....	141	199
Milk Depots/Retailers.....	5	6
Milk Rejection Investigations }		
Dairy Farms }	258	362
Registrations (Food & Drugs).....	19	11
Food Examination.....	175	217
Food Surrender.....	297	362
Food Destruction	258	330
Food Consumer Complaints.....	154	135
Food Complaint Visits.....	389	363
Food Poisoning Investigations.....	114	60
Food Poisoning - Other Visits.....	417	287
Port Health - Docks.....	40	48
Port Health - Airport.....	8	4
Plans Inspected (Food Premises).....	45	47
Lectures (Food Hygiene).....	47	26
Alderney - Visits.....	7	11
Herm - Visits.....	10	7
Sark - Visits.....	6	1
Non Classified Visits.....	598	530
	----	----
Total	3857	4009

Table 6:5
CERTAIN STATISTICS RELATING TO HOUSING

Year	Priority Families	Eviction Cases	15 + Points	1 - 14 Points	Dwellings Constructed	Families Housed	Dwellings in course of construction
1968	5	27	25	361	29	53	83
1969	7	23	10	335	59	109	297
1970	8	25	4	374	73	100	244
1971	4	10	1	303	183	194	61
1972	2	8	1	268	65	154	-
1973	1	8	-	268	-	74	-
1974	5	20	3	242	-	54	29
1975	2	18	-	272	36	51	103
1976	1	13	1	277	64	84	58
1977	2	11	-	260	46	104	-
1978	-	14	-	253	14	84	-
1979	2	24	-	282	-	78	65
1980	1	27	-	320	35	80	30
1981	3	30	3	223	-	79	7
1982	3	41	2	227	-	83	31
1983	6	19	-	179	10	82	-
1984	5	26	33	281	9	73	-
1985	5	29	86*	142	5	60	-
1986	10	32	62	213	5	74	-
1987	9	17	65	182	13	70	36
1988	4	15	71	176	38	100	83

I am indebted to the Administrator, States Housing Authority for the above data.

* Points system reviewed: additional points awarded for certain categories; higher priority defined as 15 points or over. This table, showing a considerable number of priority families, and evicted families, together with a sizeable waiting list, proportionately fewer families rehoused and a low rate of new building, has serious implications for the health of this sector of the community. Unsatisfactory housing is a prime cause of the widening health gap which is currently of great concern to Health Authorities on the mainland. However the States appreciate this problem and 300 new houses are planned by 1992. A major difficulty is that the real need for new houses may be as much as 300 houses a year for the next 5 years. The waiting list for rehousing by the States (about 325 individuals) represents only part of the total number of people who seek a new home. In all it is thought there are another 275 families in the Island who would also like to be rehoused, and are seeking loans to buy a house privately.

ALDERNEY - ANNUAL REPORT

Regular visits were made to Alderney by Environmental Health Officers and a Health Visitor.

The Medical Officer of Health in Guernsey is always ready to advise if public health problems arise.

There were 17 births to Alderney mothers during 1988, nine boys and eight girls.

There was a total of 23 deaths in 1988, compared with 19 in 1987.

Child Health Clinics:

This has continued to be well attended. A Health Visitor now travels up to Alderney every Thursday for a full day so that she can arrange home visits and appointments for screening tests as well as being available for consultation at the afternoon clinic at the Mignot Memorial Hospital.

The recorded figures for children immunised in 1988 are as follows:-

Trivax and Polio	15
Diph/Tet and Polio	1
Measles	14
MMR	13
Pre-school Diph/Tet and Polio	6

ANALYSIS OF MORTALITY STATISTICS 1988

The accompanying tables give details of all deaths in Guernsey during 1988. Postmortem examination was carried out on 130 occasions, 22.1% of all deaths. However, if cases of violent or traumatic death, and deaths of non residents are excluded, then postmortems provided more exact details of the cause of death in only 15% of the remainder.

The average age at death was 70.6 for men and 77.2 for women, a difference of nearly 7 years.

One in every five deaths occurred before retirement age - over two a week on average. These are tragic, prematurely early and often preventable deaths.

The major causes of death remain :	Heart attack and strokes	31%
	Cancer	29%
	Chest disease	14%

The major causes of cancer deaths differ between the sexes:

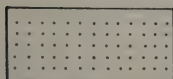
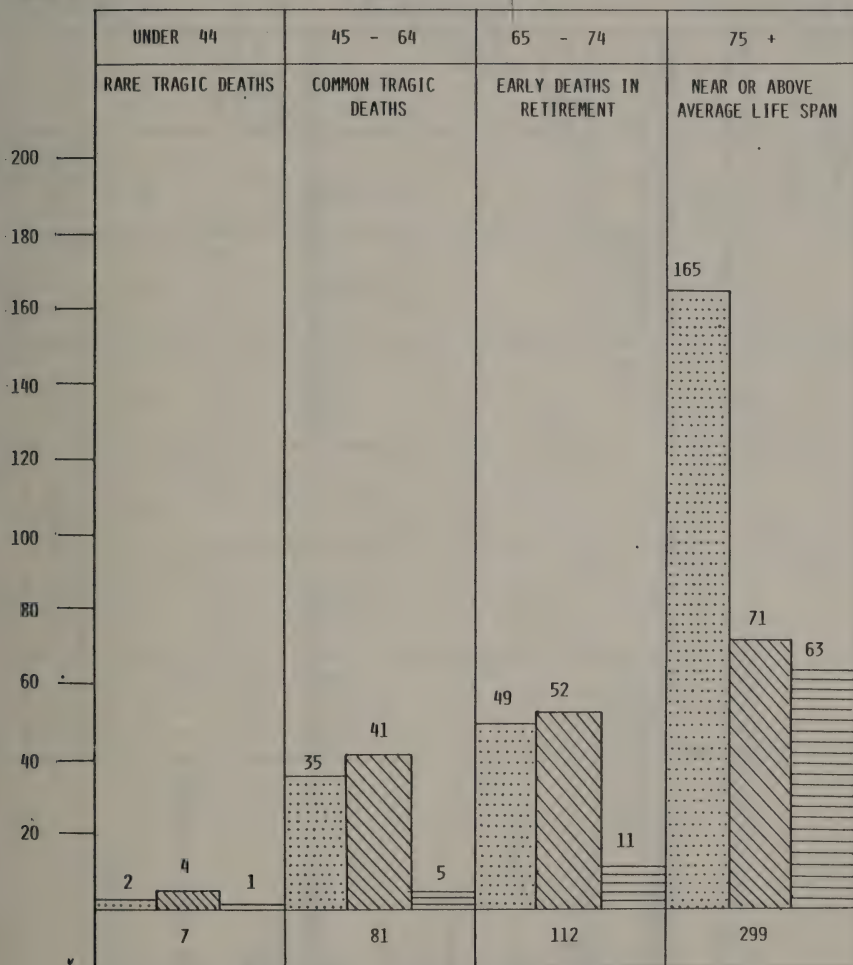
<u>MEN</u>		<u>WOMEN</u>	
Lung	29%	Breast	24%
Prostate	15%	Bowel	19%
Bowel	10%	Lung	16%
Stomach	5%	Ovary	7%
Kidney	5%	All other sites	34%
Oesophagus	4%		
All other sites	32%		

Nearly a quarter of cancer deaths (41) occurred in the 45 - 64 age group. Tumours of the lung continue to be the largest single cause of cancer deaths in Guernsey: (23% of all cancer deaths) and are the largest preventable group.

Cremations were carried out in 42% of deaths.

PRINCIPAL CAUSES OF PREMATURE DEATH IN GUERNSEY BY AGE

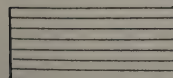
Fig 7:1



GROUP VII CIRCULATORY SYSTEM (STROKES, HEART DISEASE) -
TOTAL 251 DEATHS



GROUP II CANCERS - TOTAL 168 DEATHS



GROUP VIII RESPIRATORY DISEASES - TOTAL 80 DEATHS
TOTAL 499 DEATHS

6. COMMONEST CAUSES OF EARLY DEATH IN GUERNSEY: 1988

Fig 7:2

MALE
FEMALE

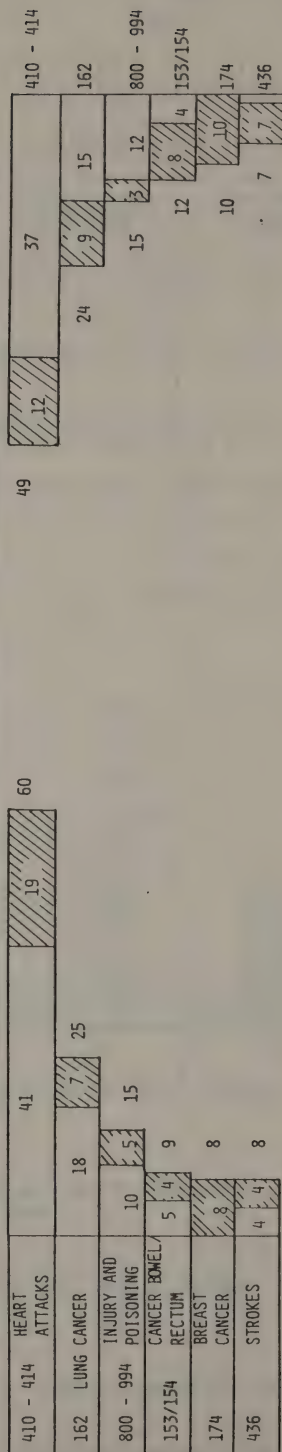
NUMBER OF DEATHS

10 20 30 40 50 60 70

10 20 30 40 50 60 70

"UNDER 75" DEATHS - YEAR 1988 - MALE & FEMALE

"UNDER 75" DEATHS - 5 YEAR AVERAGES - 1984 - 1988 - MALE & FEMALE



"UNDER 65" DEATHS - YEAR 1988 - MALE & FEMALE

"UNDER 65" DEATHS - 5 YEAR AVERAGES - 1984 - 1988 - MALE & FEMALE

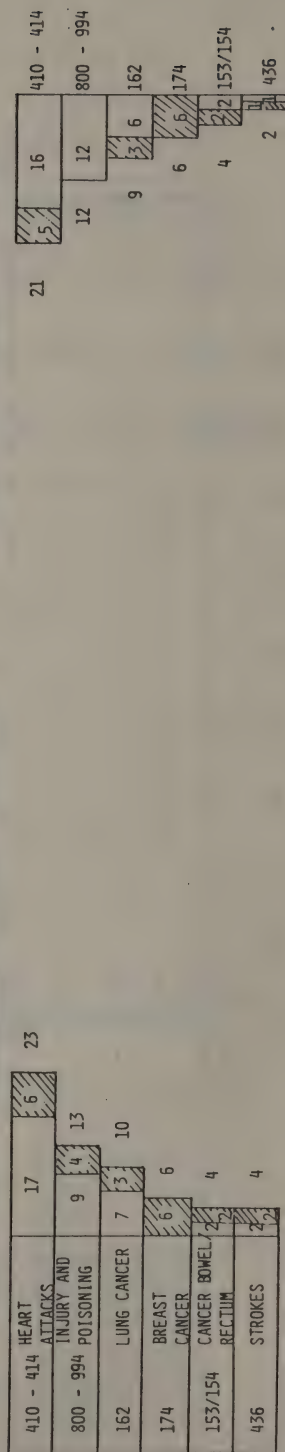


Table 7:3

GROUP	1986				1987				1988			
	M	F	Total	M	F	Total	M	F	Total	M	F	Total
1 Infectious and Parasitic Diseases	3	4	7	1	1	2	2	1	3	2	1	3
11 Cancer and new Growths	85	77	162	78	55	133	93	75	168	93	75	168
111 Endocrine, Metabolic and Immune Diseases	1	-	1	1	1	2	-	1	1	-	1	1
1V Anaemias	2	-	2	1	-	1	-	1	1	-	1	1
V Mental Disorders	-	1	1	3	1	4	1	4	5	1	4	5
V1 Nervous and Sensory Disorders	2	4	6	5	7	12	2	2	4	2	2	4
V11 Heart and Circulatory Diseases	142	150	292	134	152	286	134	117	251	134	117	251
V111 Respiratory Disease	31	39	70	29	38	67	34	46	80	34	46	80
1X Digestive System Diseases	8	11	19	7	15	22	10	10	20	10	10	20
X Genitourinary Diseases	7	9	16	8	7	15	7	5	12	7	5	12
X1 Complications of Childbearing	-	-	-	-	-	-	-	-	-	-	-	-
X11 Skin Conditions	-	-	-	-	-	-	-	1	1	-	1	1
X111 Diseases of Bone, Muscles and Joints	-	2	2	1	-	1	-	3	3	-	3	3
XIV Congenital Anomalies	1	1	2	1	1	2	1	-	1	1	-	1
XV Diseases of Foetus and Newborn	-	-	-	2	-	2	1	-	1	1	-	1
XVI Ill-defined Conditions	2	5	7	4	4	8	5	8	13	5	8	13
XVII Accident, Injury and Poisoning	15	12	27	12	8	20	17	8	25	17	8	25
Totals :	299	315	614	287	290	577	307	282	589	307	282	589

Table 7:4

GUERNSEY - DEATHS BY I.C.D. 3 -FIGURE CODES AND AGE GROUPS - 1988

-62-

CAUSE OF DEATH	Total all ages M	Total all ages F	Under 1 M	Under 1 F	Age 1 - 4		Age 5 - 14		Age 15 - 24		Age 25 - 44		Age 45 - 64		Age 65 - 74		Age 75 +	
					M	F	M	F	M	F	M	F	M	F	M	F	M	F
GROUP I <u>Infectious & Parasitic Diseases</u>	2	1	-	-	-	1	-	-	-	-	-	-	1	-	-	-	1	-
GROUP II <u>Neoplasms</u>	93	75	-	-	-	-	-	-	-	-	2	2	22	19	31	21	38	33
GROUP III <u>Endocrine, Nutritional and Metabolic diseases and Immunity Disorders</u>	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-
GROUP IV <u>Diseases of the Blood and Blood- forming Organs</u>	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
GROUP V <u>Mental Disorders</u>	1	4	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	3
GROUP VI <u>Diseases of the Nervous System and Sense Organs</u>	2	2	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	2
GROUP VII <u>Diseases of the Circulatory System</u>	134	117	-	-	-	-	-	-	-	-	1	1	24	11	31	18	78	87
GROUP VIII <u>Diseases of the Respiratory System</u>	34	46	-	-	-	-	-	-	-	-	-	-	1	4	6	5	27	37
Carried forward	266	247	-	-	-	1	-	-	-	-	3	3	49	35	70	45	144	163

Table 7:4 cont GUERNSEY - DEATHS BY I.C.D. 3-FIGURE CODES AND AGE GROUPS - 1988

CAUSE OF DEATH	Total all ages		Under 1		Age 1 - 4		Age 15 - 24		Age 25 - 44		Age 45 - 64		Age 65 - 74		Age 75 +	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Carried forward	266	247	-	-	-	1	-	-	3	3	49	35	70	45	144	163
GROUP IX <u>Diseases of the Digestive System</u>	10	10	-	-	-	-	-	-	2	1	1	1	2	1	5	7
GROUP X <u>Diseases of the Genitourinary System</u>	7	5	-	-	-	-	-	-	3	-	-	-	-	-	4	5
GROUP XI <u>Disease of the Skin and Subcutaneous Tissue</u>	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1
GROUP XII <u>Diseases of the Musculoskeletal System and Connective Tissue</u>	-	3	-	1	-	-	-	-	-	-	-	-	-	1	-	1
GROUP XIV <u>Congenital Anomalies</u>	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-
GROUP XV <u>Certain Conditions Originating in the Perinatal Period</u>	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-
GROUP XVI <u>Symptoms, Signs and I11-defined Conditions</u>	5	8	2	-	-	-	-	-	-	-	-	-	-	-	3	8
GROUP XVII <u>Injury and Poisoning</u>	17	8	-	-	-	-	4	-	5	-	3	-	-	3	5	5
Totals all Groups	307	282	4	1	-	1	4	-	13	4	53	36	72	50	161	190

GROUP VII - DISEASES OF THE CIRCULATORY SYSTEM
DEATHS FROM HYPERTENSION, "CORONARIES" AND "STROKES" 1983 - 1988

Table 7:5

I.C.D. Codes	Cause of Death	1983		1984		1985		1986		1987		Average 83 - 87		1988	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
400 - 404	Hypertensive heart disease ("Blood Pressure")	9	10	2	7	5	6	8	6	3	2	5	6	4	2
410 - 414	Ischaemic heart disease ("Coronaries")	75	63	78	50	75	59	79	77	82	78	78	65	74	56
430 - 438	Cerebrovascular disease ("Strokes")	25	44	15	40	27	36	26	35	22	45	23	40	23	29
ALL GROUP VII CODES		141	154	124	133	140	127	141	149	134	152	136	143	134	117

GROUP VIII - DISEASES OF THE RESPIRATORY SYSTEM - 1983 - 1988

Table 7:6

I.C.D. Codes	CAUSE OF DEATH	1983		1984		1985		1986		1987		Average 83 - 87		1988	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
485	Bronchopneumonia, unspecified	15	29	19	30	16	25	17	22	19	27	17	27	10	28
487	Influenza	3	9	-	3	1	2	-	2	-	5	-	4	2	2
491-492	Chronic bronchitis and emphysema	15	4	13.	3	14	6	6	4	5	-	11	3	9	6
496	Chronic airways obstruction	1	2	2	2	6	3	2	-	3	-	3	1	10	2
ALL GROUP VIII CODES		49	61	38	52	43	40	31	39	29	38	38	46	34	46

Table 7:7

DEATHS DUE TO SOME VIOLENT OR ACCIDENTAL CAUSES - 1983 - 1988

I.C.D. Codes	CAUSE OF DEATH	1983		1984		1985		1986		1987		5 year average 1983 - 1987		1988	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
E810--829	Motor vehicle traffic accident	3	1	3	1	2	3	3	-	2	1	3	1	3	1
E850 - 869	Accidental poisoning	-	2	1	-	-	-	-	-	-	1	-	-	-	-
E880 -888	Accidental falls	2	-	1	4	-	-	4	1	3	-	2	1	-	3
E910	Accidental drowning and submersion	1	-	2	-	-	1	1	-	-	1	1	-	1	1
E950 - 959	Suicide and self inflicted injury	2	1	3	1	2	3	3	-	5	5	3	2	10	1
E960 - 969	Homicide	-	-	-	-	-	-	-	-	1	-	-	-	-	-
E980 - 989	Injury undetermined whether accidentally or purposely inflicted	-	-	-	-	1	-	1	-	1	-	-	-	-	-
	Totals of above causes	8	4	10	6	5	7	12	1	12	8	9	4	14	6

Table 7:8

GROUP 11 - NEOPLASMS - SOME CANCERS - 1983 - 1988

-67-

I.C.D. Codes	Cause of Death	1983		1984		1985		1986		1987		Average 83 - 87		1988	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
150	Malignant neoplasm of oesophagus	3	3	1	4	3	3	2	4	6	1	3	3	4	2
151	Malignant neoplasm of stomach	6	7	4	3	7	3	6	3	5	3	6	4	5	1
152 - 154	Malignant neoplasm of intestine (including rectum)	12	12	12	10	10	6	11	3	5	9	10	8	9	14
157	Malignant neoplasm of pancreas	5	3	5	3	3	2	2	2	4	2	4	2	3	1
162	Malignant neoplasm of trachea, bronchus and lung	27	11	34	10	34	14	30	10	19	8	29	11	27	12
174	Malignant neoplasm of breast	-	11	-	8	-	17	-	15	-	10	-	12	-	18
180 - 183	Malignant neoplasm of uterus, cervix and adnexae	-	5	-	3	-	5	-	12	-	4	-	6	-	8
185	Malignant neoplasm of prostate	10	-	11	-	11	-	5	-	5	-	8	-	14	-
204 - 207	Leukaemia	-	2	1	1	2	2	2	2	1	1	1	2	2	2
TOTALS OF ALL CANCER DEATHS BY SEX		81	74	86	59	97	71	85	77	78	55	85	67	93	75
TOTALS OF ALL CANCER DEATHS		155		145		168		162		133		153		168	

Note: The figures at the foot of each column are not totals of the figures above but the total of all cancer deaths at all ages for the year given.

Table 7:9

MORTALITY - CANCER(ALL FORMS.) 1961 - 1988						
Deaths by year and sex, rates per thousand resident population						
Year	PERSONS		MALE		FEMALE	
	Deaths	Rate/1,000	Deaths	Rate/1,000	Deaths	Rate/1,000
1961	98	2.23	40	1.89	58	2.54
1962	117	2.62	62	2.88	55	2.37
1963	100	2.20	60	2.75	40	1.70
1964	100	2.17	51	2.30	49	2.05
1965	104	1.22	65	2.89	39	1.61
1966	127	1.68	72	3.15	55	2.23
1967	114	2.37	68	2.94	46	1.84
1968	124	2.54	69	2.94	55	2.17
1969	121	2.44	63	2.64	58	2.26
1970	91	1.81	59	2.44	32	1.23
1971	149	2.93	88	3.59	61	2.31
1972	131	2.55	74	2.99	57	2.13
1973	129	2.48	65	2.60	64	2.37
1974	137	2.61	69	2.72	68	2.50
1975	142	2.67	77	3.01	65	2.37
1976	139	2.60	70	2.70	69	2.49
1977	158	2.91	98	3.74	60	2.14
1978	131	2.41	71	2.71	60	2.14
1979	129	2.36	65	2.47	64	2.37
1980	147	2.75	72	2.80	75	2.71
1981	136	2.55	78	3.03	58	2.10
1982	143	2.68	76	2.95	67	2.43
1983	155	2.90	81	3.15	74	2.68
1984	145	2.7	86	3.34	59	2.14
1985	168	3.2	97	3.77	71	2.57
1986	162	2.82	85	3.16	77	2.69
1987	133	2.4	78	2.90	55	1.9
1988	168	3.0	93	3.46	75	2.62

Table 7:10

MORTALITY - CANCER OF TRACHEA, BRONCHUS AND LUNG - 1965 -1988

Guernsey deaths and rates per million resident population, compared with rates per million published for England and Wales. (England and Wales data from O.P.C.S. Quarterly publication "Population Trends").

	PERSONS			MALE			FEMALE		
	Deaths	Rate/M Guernsey	Rate/M E & W	Deaths	Rate/M Guernsey	Rate/M E & W	Deaths	Rate/M Guernsey	Rate/M E & W
1965	22	470	563	22	978	958	0	-	168
66	29	611	573	20	876	969	7	365	178
67	26	540	596	24	1,036	1,003	1	80	189
68	21	430	606	18	766	1,015	3	118	198
69	23	464	622	20	839	1,043	3	117	202
1970	20	398	631	18	745	1,049	2	77	214
71	39	766	637	36	1,470	1,052	3	114	222
72	37	719	642	31	1,252	1,074	6	225	233
73	32	615	651	26	1,038	1,082	6	223	242
74	30	571	668	22	869	1,099	8	294	260
1975	32	603	665	25	976	1,084	7	255	267
76	28	522	678	22	849	1,103	6	216	274
77	40	737	687	34	1,297	1,109	6	214	287
78	34	626	695	28	1,067	1,112	6	214	299
79	37	678	702	30	1,138	1,113	7	248	312
1980	30	562	709	19	738	1,109	11	398	330
81	33	619	700	25	973	1,088	8	290	331
82	39	732	702	29	1,128	1,075	10	363	348
83	38	713	716	27	1,050	1,096	11	399	356
84	44	825	708	34	1,322	1,067	10	362	373
1985	48	901	719	34	1,322	1,053	14	508	375
86	40	721	705	30	1,117	1,035	10	349	391
87	27	487	702	19	707	1,017	8	279	402
88	39	703	700	27	1,005	1,004	12	419	412
<u>Ten Year Averages</u>									
1969 - 78	32	602	658	26	1,040	1,081	5	195	250
1979 - 88	38	694	706	27	1,050	1,066	10	362	363
% increase	+15%		+7%		+1%	-1%		+86%	+45%

The poor outlook for those afflicted with this condition is shown by recent UK figures - 15 to 30% of those diagnosed as having cancer of the lung may expect to survive for 1 year, but only 5-15% will survive for 5 years, (depending on age at diagnosis).

Between 1982 and 1987 the import of cigarettes decreased from 127 tonnes to 105 tonnes a year. However in 1988 the figure was still 105 tonnes, so there is still a long way to go in persuading the industry to diversify away from the production and sale of products which are such a serious hazard to health.

MORTALITY - CANCER OF BREAST - GUERNSEY WOMEN 1976 - 1988
by age groupings, with rates and mainland comparisons.

Table 7:11

YEAR	AGES				Rate per 100,000	
	under 40	40 - 59	60 and over	Total	GUERNSEY	ENGLAND AND WALES
1976	-	4	5	9	32.6	46.4
1977	-	5	7	12	42.8	46.6
1978	-	1	9	10	35.6	47.0
1979	1	2	6	9	31.9	47.6
1980	-	1	12	13	47.0	47.8
1981	2	3	7	12	43.4	49.1
1982	1	3	6	10	36.3	48.7
1983	-	2	9	11	39.9	49.7
1984	-	3	5	8	29.0	51.9
1985	-	2	15	17	61.6	52.8
1986	1	5	9	15	52.7	54.6
1987	-	2	8	10	35.0	53.7
1988	1	5	12	18	62.9	53.2

Five year average rates 1984 - 1988

Guernsey	48.2	per	100,000 females
England & Wales	53.2	per	100,000 females

The recorded deaths represent but a fraction of the total morbidity as between 75 & 95% of those diagnosed as having cancer of the breast will survive for 1 year, and 60% will still be alive after 5 years.

I.C.D. Code No.	CAUSE OF DEATH	Total		Under 1		Age 1 - 4		Age 15 - 24		Age 25 - 44		Age 45 - 64		Age 65 - 74		Age 75 +	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
<u>GROUP 1</u>																	
<u>Infectious and parasitic diseases</u>																	
009	Ill-defined intestinal infections	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
036	Meningococcal infection	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-
070	Viral hepatitis	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-
<u>Totals Group 1</u>																	
		2	1	-	-	-	1	-	-	-	-	1	-	-	-	1	-
<u>GROUP 11</u>																	
<u>Neoplasms</u>																	
150	Malignant, oesophagus	4	2	-	-	-	-	-	-	-	-	3	-	-	-	1	2
151	Malignant, stomach	5	1	-	-	-	-	-	-	-	-	2	1	-	-	2	1
153	Malignant, colon	6	9	-	-	-	-	-	-	1	-	-	2	3	-	3	4
154	Malignant, rectum, rectosigmoid junction	3	5	-	-	-	-	-	-	-	-	1	-	-	3	2	2
155	Malignant, liver and intrahepatic bile ducts	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
156	Malignant, gallbladder and extrahepatic bile ducts	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-
157	Malignant, pancreas	3	1	-	-	-	-	-	-	-	-	2	1	1	-	-	-
159	Malignant, other and ill-defined sites within digestive organs and peritoneum	3	-	-	-	-	-	-	-	-	-	-	-	2	-	1	-
161	Malignant, neoplasm of larynx	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
162	Malignant, neoplasm of trachœa, bronchus and lung	27	12	-	-	-	-	-	-	-	-	6	3	9	6	12	3
171	Malignant, neoplasm of connective and other soft tissue	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1
172	Malignant, melanoma of skin	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-
<u>Carried forward</u>																	
		54	32	-	-	-	-	-	-	1	-	15	7	16	12	22	13

Table : 7.12 cont Guernsey - Deaths by I.C.D. 3 - Figure codes and age groups - 1988

I.C.D. Code No.	CAUSE OF DEATH	Total		Under 1		Age 1 - 4		Age 15 - 24		Age 25 - 44		Age 45 - 64		Age 65 - 74		Age 75 +	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	GROUP 11 cont	54	32	-	-	-	-	-	-	1	-	15	7	16	12	22	13
	Carried forward																
174	Malignant, female breast	-	18	-	-	-	-	-	-	-	1	-	5	-	4	-	8
179	Malignant, neoplasm of uterus, part unspecified	-	3	-	-	-	-	-	-	-	-	-	-	-	1	-	2
180	Malignant, neoplasm of cervix uteri	-	2	-	-	-	-	-	-	-	-	-	1	-	1	-	-
182	Malignant, body of uterus	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-
183	Malignant, ovary and uterine adnexae	-	5	-	-	-	-	-	-	-	-	-	2	-	2	-	1
185	Malignant, prostate	14	-	-	-	-	-	-	-	-	-	2	-	3	-	9	-
188	Malignant, bladder	4	-	-	-	-	-	-	-	-	-	-	-	4	-	-	-
189	Malignant, kidney and other urinary organs	5	2	-	-	-	-	-	-	-	1	2	1	3	-	-	-
191	Malignant, brain	1	1	-	-	-	-	-	-	1	-	-	1	-	-	-	-
193	Malignant, thyroid gland	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-
199	Malignant, site unspecified	7	8	-	-	-	-	-	-	-	-	2	-	2	1	3	7
202	Other malignant neoplasms of lymphoid tissue	3	-	-	-	-	-	-	-	-	-	1	-	1	-	1	-
203	Multiple myeloma and immunoproliferative neoplasm	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
204	Lymphoid Leukaemia	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1
205	Myeloid Leukaemia	1	1	-	-	-	-	-	-	-	-	-	-	1	-	-	1
207	Other specified Leukaemia	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
238	Neoplasm of uncertain behaviour of other and unspecified sites and tissues	2	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-
	Totals Group 11	93	75	-	-	-	-	-	-	2	2	22	19	31	21	38	33

I.C.D. • Code No.	CAUSE OF DEATH	Total		Under 1		Age 1 - 4		Age 15 - 24		Age 25 - 44		Age 45 - 64		Age 65 - 74		Age 75 +	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
250	GROUP 111																
	Endocrine, Nutritional and Metabolic diseases and Immunity Disorders.	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-
	Diabetes mellitus	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-
283	Totals Group 111																
	GROUP 1V																
	Diseases of blood and blood - forming organs	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1
	Acquired haemolytic anaemias	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1
	Totals Group 1V	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1
290 303	GROUP V																
	Mental disorders																
	Senile dementia	-	4	-	-	-	-	-	-	-	-	-	1	-	-	-	3
	Alcohol dependence syndrome	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-
	Totals Group V	1	4	-	-	-	-	-	-	-	-	1	1	-	-	-	3
331 333 335	GROUP VI																
	Diseases of the nervous system and sense organs																
	Other cerebral degenerations	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	2
	Other extrapyramidal disease and abnormal movement disorders	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
	Anterior horn cell disease	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
	Totals Group VI	2	2	-	-	-	-	-	-	-	-	-	-	2	-	-	2

Guernsey - Deaths by I.C.D 3 - figure codes and age groups - 1988

Table 7:12 cont

I.C.D. Code No.	CAUSE OF DEATH	Total M F	Under 1		Age 1 - 4		Age 5 - 14		Age 15 - 24		Age 25 - 44		Age 45 - 64		Age 65 - 74		Age 75 +	
			M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	GROUP VII																	
	Diseases of the circulatory system																	
391	Rheumatic fever with heart involvement	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
395	Diseases of the aortic valve	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-
398	Other rheumatic heart disease	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
402	Hypertensive heart disease	3	2	-	-	-	-	-	-	-	-	-	1	-	2	-	-	2
404	Hypertensive heart and renal disease	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
410	Acute myocardial infarction	59	41	-	-	-	-	-	-	-	1	-	13	5	16	6	29	30
411	Other acute and subacute form of ischaemic heart disease	3	-	-	-	-	-	-	-	-	-	-	1	-	2	-	-	-
414	Other forms of chronic ischaemic heart disease	12	15	-	-	-	-	-	-	-	-	-	1	-	3	1	8	14
415	Acute pulmonary heart disease	5	2	-	-	-	-	-	-	-	-	-	1	-	2	-	2	2
416	Chronic pulmonary heart disease	3	3	-	-	-	-	-	-	-	-	-	-	-	2	1	1	2
420	Acute pericarditis	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-
422	Acute myocarditis	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
426	Conduction disorders	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-
428	Heart failure	12	12	-	-	-	-	-	-	-	-	-	1	2	-	1	11	9
429	Ill-defined descriptions and complications of heart disease	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
430	Subarachnoid haemorrhage	1	2	-	-	-	-	-	-	-	-	-	1	-	-	1	-	1
	Carried forward	100	83	-	-	-	-	-	-	-	1	1	19	8	28	12	52	62

Table 7:12 cont Guernsey - Deaths by I.C.D. 3 - figure codes and age groups - 1988

I.C.D. Code No.	CAUSE OF DEATH	Total		Under 1		Age 1 - 4		Age 15 - 24		Age 25 - 44		Age 45 - 64		Age 65 - 74		Age 75 +	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	Carried forward	100	83	-	-	-	-	-	-	1	1	19	8	28	12	52	62
	GROUP VII cont																
431	Intracerebral haemorrhage	6	4	-	-	-	-	-	-	-	-	-	1	-	-	6	3
434	Occlusion of cerebral arteries	2	3	-	-	-	-	-	-	-	-	-	1	-	-	2	2
436	Acute but ill-defined cerebrovascular disease	10	18	-	-	-	-	-	-	-	-	1	1	-	5	9	12
437	Other and ill-defined cerebrovascular disease	1	1	-	-	-	-	-	-	-	-	-	-	-	-	1	1
438	Late effects of cerebrovascular disease	3	1	-	-	-	-	-	-	-	-	-	-	-	1	3	-
440	Atherosclerosis	3	4	-	-	-	-	-	-	-	-	-	-	1	-	2	4
441	Aortic aneurysm	8	1	-	-	-	-	-	-	-	-	3	-	2	-	3	1
444	Arterial embolism and thrombosis	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1
447	Other disorders of arteries and arterioles	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-
453	Other venous embolism and thrombosis	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1
	Totals Group VII	134	117	-	-	-	-	-	-	1	1	24	11	31	18	78	87

Guernsey - Deaths by I.C.D 3 - Figure codes and age Groups - 1988

I.C.D. Code No.	CAUSE OF DEATH	Total M F	Under 1		Age 1 - 4		Age 15 - 24		Age 25 - 44		Age 45 - 64		Age 65 - 74		Age 75 +		
			M	F	M	F	M	F	M	F	M	F	M	F	M	F	
<u>GROUP VIII</u>																	
<u>Diseases of the respiratory System</u>																	
465	Acute upper respiratory infections of multiple and unspecified sites	-	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-
478	Other diseases of upper respiratory tract	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-
480	Viral pneumonia	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
485	Bronchopneumonia, organism unspecified	10	28	-	-	-	-	-	-	-	-	-	-	3	2	7	26
486	Pneumonia, organism unspecified	1	3	-	-	-	-	-	-	-	-	-	-	-	-	1	3
487	Influenza	2	2	-	-	-	-	-	-	-	-	-	-	-	-	2	2
491	Chronic bronchitis	8	5	-	-	-	-	-	-	-	-	2	-	-	1	8	2
492	Emphysema	1	1	-	-	-	-	-	-	-	1	-	-	-	-	-	-
496	Chronic airways obstruction, not elsewhere classified	10	2	-	-	-	-	-	-	-	-	1	1	-	9	1	-
513	Abscess of lung and mediastinum	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
514	Pulmonary congestion and hypostasis	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	2
515	Postinflammatory pulmonary fibrosis	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
Totals group VIII		34	46	-	-	-	-	-	-	-	-	1	4	6	5	27	37
<u>GROUP IX</u>																	
<u>Diseases of the digestive system</u>																	
531	Gastric ulcer	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1
532	Duodenal ulcer	2	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-
533	Peptic ulcer	1	1	-	-	-	-	-	-	-	-	-	-	-	-	1	1
Carried forward		3	2	-	-	-	-	-	-	-	-	-	-	1	-	2	2

Guernsey - Deaths by I.C.D 3 - Figure codes and age groups - 1988

I.C.D. Code No.	CAUSE OF DEATH	Total M F	Under 1 M F	Age 1 - 4 M F	Age 15 - 24 M F	Age 25 - 44 M F	Age 45 - 64 M F	Age 65 - 74 M F	Age 75 + M F
	<u>GROUP XII</u>								
	Diseases of the skin and <u>subcutaneous tissue</u>								
695	Erythematos conditions	- 1	- -	- -	- -	- -	- -	- -	- -
	Totals Group XII	- 1	- -	- -	- -	- -	- -	- -	- -
	<u>GROUP XIII</u>								
	Diseases of the musculoskeletal <u>system and connective tissues</u>								
714	Rheumatoid arthritis and other inflammatory polyarthropathies	- 1	- -	- -	- -	- -	- -	- 1	- -
715	Osteoarthritis and allied disorders	- 1	- -	- -	- -	- -	- -	- -	- 1
745	Bulbus cordis anomalies and anomalies of cardiac septal closure	- 1	- 1	- -	- -	- -	- -	- -	- -
	Totals Group XIII	- 3	- 1	- -	- -	- -	- -	- 1	- 1
	<u>GROUP XIV</u>								
	Congenital anomalies								
756	Other congenital musculoskeletal anomalies	1 -	1 -	- -	- -	- -	- -	- -	- -
	Totals Group XIV	1 -	1 -	- -	- -	- -	- -	- -	- -

Guernsey - Deaths by I.C.D. 3 - Figure codes and age groups - 1988

I.C.D. Code No.	CAUSE OF DEATH	Total M F	Under 1 M F	Age 1 - 4 M F	Age 15 - 24 M F	Age 25 - 44 M F	Age 45 - 64 M F	Age 65 - 74 M F	Age 75 + M F
	GROUP XV <u>Certain conditions originating in the perinatal period.</u>								
765	Disorders relating to short gestation and unspecified low birthweight	1 -	1 -	- -	- -	- -	- -	- -	- -
	Totals Group XV	1 -	1 -	- -	- -	- -	- -	- -	- -
	GROUP XVI <u>Symptoms, signs and ill-defined conditions</u>								
797	Senility without mention of psychosis	3 8 -	- -	- -	- -	- -	- -	- -	3 8 -
798	Sudden death, cause unknown	2 -	2 -	- -	- -	- -	- -	- -	- -
	Totals Group XVI	5 8	2 -	- -	- -	- -	- -	- -	3 8

Guernsey - Deaths by I.C.D. 3 - Figure codes and age groups - 1988

I.C.D. Code No.	CAUSE . OF DEATH	Total M F	Under 1		Age 1 - 4		Age 15 - 24		Age 25 - 44		Age 45 - 64		Age 65 - 74		Age 75 +	
			M	F	M	F	M	F	M	F	M	F	M	F	M	F
GROUP XV11																
Injury and poisoning																
801	Fracture of base of skull	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-
804	Multiple fractures involving skull or face with other bones	3	-	-	-	-	3	-	-	-	-	-	-	-	-	-
807	Fracture of rib(s), sternum, larynx and trachea	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1
808	Fracture of pelvis	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1
820	Fracture of neck of femur	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1
865	Injury to spleen	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1
933	Foreign body in pharynx and larynx	2	-	-	-	-	-	-	1	-	-	-	-	-	1	-
947	Burn of internal organs	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1
948	Burns classified according to extent of body surface involved	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1
965	Poisoning by analgesics antipyretics and antirheumatics	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-
980	Toxic effect of alcohol	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-
986	Toxic effect of carbon monoxide	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-
989	Toxic effect of other substances, chiefly nonmedicinal as to source	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-
994	Effects of other external causes	7	2	-	-	-	1	-	2	-	1	-	-	2	3	-
Totals Group XV11		17	8	-	-	-	4	-	5	-	3	-	-	3	5	5

Table 7.13

I.C.D. Code No.	CAUSE OF DEATH	Total		Ages 15 - 24		Ages 25 - 44		Ages 45 - 64		Ages 65 - 74		Ages 75 +	
		M	F	M	F	M	F	M	F	M	F	M	F
150	GROUP 11 Malignant, Oesophagus	-	1	-	-	-	-	-	-	-	1	-	-
250	GROUP 111 Diabetes Mellitus	-	1	-	-	-	-	-	-	-	-	-	1
410	GROUP V11 Acute myocardial infarction	6	4	-	-	-	-	4	-	1	2	1	2
425	Cardiomyopathy	2	-	2	-	-	-	-	-	-	-	-	-
427	Cardiac dysrhythmias	-	1	-	-	-	-	-	1	-	-	-	-
430	Subarachnoid haemorrhage	-	1	-	-	-	-	-	1	-	-	-	-
431	Intracerebral haemorrhage	1	1	-	-	-	-	1	-	-	1	-	-
533	GROUP 1X Peptic Ulcer, site unspecified	1	1	-	-	-	-	-	1	-	-	-	-
585	GROUP X Chronic renal failure	-	1	-	-	-	-	-	-	-	-	-	1
869	GROUP XV11 Internal injury to unspecified or ill- defined organs	1	-	-	-	1	-	-	-	-	-	-	-
980	Toxic effect of alcohol	1	-	-	-	1	-	-	-	-	-	-	-
994	Effects of other external causes	1	-	-	-	-	-	-	-	1	-	-	-
Totals all Groups		13	11	2	-	2	-	5	3	3	4	1	4

